

1. TASK NUMBER 960806CCC5448		2. INVESTIGATOR'S ID 8021		EPIDEMIOLOGIC INVESTIGATION REPORT
3. OFFICE CODE 860	4. DATE OF ACCIDENT YR MO DAY 94 06 06	5. DATE INITIATED YR MO DAY 96 09 03		
6. SYNOPSIS OF ACCIDENT OR COMPLAINT The victim, a three year old male, is suspected of playing with a non-child proof cigarette lighter. The victim apparently ignited a sofa in the living room of an apartment and a fire erupted. The victim was pronounced dead at the scene and the official cause of death was smoke inhalation and burns. A 16 year old baby sitter in the apartment received burns to the face and hair. <i>Ignition Side</i>				
7. LOCATION (Home, School, etc.) Apartment 10		8. CITY Chouteau		9. STATE OK
10A. FIRST PRODUCT Cigarette Lighter 1604		10B. TRADE/BRAND NAME [REDACTED]		10C. MODEL NUMBER [REDACTED]
10D. MANUFACTURER NAME AND ADDRESS [REDACTED]				
11A. SECOND PRODUCT Sofa 0679		11B. TRADE/BRAND NAME Unknown		11C. MODEL NUMBER Unknown
11D. MANUFACTURER NAME AND ADDRESS Unknown				
12. AGE OF VICTIM 003	13. SEX 1 Male	14. DISPOSITION 8 DOA	15. INJURY DIAGNOSIS 65 Smoke inhalation Anoxia	
16. BODY PART (S) INVOLVED 85 All parts	17. RESPONDENT 3 Attorney	18. TYPE OF INVESTIGATION 3	19. TIME SPENT (OPERATIONAL HOURS) 10.00	
20. ATTACHMENT (S) Multiple 9	21. CASE SOURCE 11 Law Firm		22. SAMPLE COLLECTION NUMBER None	
23. PERMISSION TO DISCLOSE NAMES (NON NEISS CASES ONLY) No				
24. REVIEW DATE 960920	25. REVIEWED BY 8257		26. REGIONAL OFFICE DIRECTOR	
27. DISTRIBUTION O:EHDS CC: DSO CCA				

mom
baby - 701824
aunt
sister
dad

Information in this report was obtained from the attorney for the victim's family. The respondent was the attorney.

PRE-INCIDENT

The victim in this incident was a three year old male. The respondent described the victim as a normal and healthy child who was not under the influence of any medications. The victim was 106 cm long and weighed 22 pounds at the time of his death. No other information was available on the victim at this time.

The victim lived in a one level residential apartment building which included three other apartments. The apartment building was a brick veneer with a wood frame. The roof was composition and the floor was a concrete slab.

On 6/6/96, the victim's mother left the apartment at approximately 6:00 - 6:30am for work. The victim was left in the apartment along with a 16 year old babysitter. The babysitter was the ~~aunt of the victim~~ and the sister of the aunt. There was no one else at the apartment at this time.

The exact actions of the victim at this time is unknown. The babysitter was sleeping in one of the bedrooms of the apartment and the victim was thought to be asleep when the mother left for work. The mother did not wake up the babysitter when she left for work. It is known the victim had been sleeping with his mother before she got up and went to work.

INCIDENT

On 6/6/96, at approximately 0930 hours, the babysitter was awakened by a smoke alarm in the apartment. She jumped out of bed and went into the living room of the apartment where she found a sofa on fire. She tried to put the fire out with a throw pillow, but apparently was unsuccessful. The babysitter did not see the victim at this time. The babysitter's next action was she apparently ran outside of the apartment.

POST-INCIDENT

A neighbor of the victim heard the babysitter outside her apartment yelling there was a fire. The neighbor called the fire department who responded to the scene. The local police department also responded to the scene.

When local officials arrived on the scene they observed flames shooting out of the front door and the front windows of the apartment. They were told a small child was still inside the apartment; however, immediate attempts to go inside the apartment and find victim were unsuccessful.

Once the fire department personnel were able to enter the apartment they found the victim lying at the entrance of the hallway directly behind a chair. The victim was pronounced dead at the scene. The body of the victim was examined by a Medical Examiner at a nearby hospital and the cause of death was listed as smoke inhalation. The victim has burns over 98% of his body. An autopsy was not performed.

The babysitter was taken to a nearby hospital where she was apparently treated for burns to her face.

A subsequent investigation by the State Fire Marshals Office revealed the fire was ruled accidental. The origin of the fire was determined to be in the living room and ignition was on the west end of a sofa. It is suspected the victim had been playing with a cigarette lighter and had apparently ignited the sofa with the lighter. The cigarette lighter was found underneath the mother's bed. The victim's father gave statements to the Fire Marshal that the victim had been caught playing with a cigarette lighter before.

PRODUCT INFORMATION

The cigarette lighter taken from the apartment fire is presently in the hands of the attorney for the victim's family. This lighter was photographed during a visit to the attorney's office. (See attached photographs) The pink disposable lighter is non child-proof and does not have child-resistant features. The word [REDACTED] is engraved on the metal hood and on the bottom of the lighter was the marking [REDACTED]. The attorney feels the lighter is one of the lighters that was recalled by [REDACTED]. See attached Press Release #96-04 that was released on 11/17/96/.

It has not been determined where the lighter was purchased or when. According to the attorney nobody in the apartment smoked and where the lighter came from is unknown at this time. It has also not been determined why the lighter was in the apartment and what it was being used for.

The cigarette lighter is being sent to an independent firm who will test the lighter for flare-ups etc. A copy of these test results will be made available when completed.

Information on the sofa involved in this fire was not available. Photographs of the fire scene were provided by the attorney and are attached with this report. There are several photographs of the sofa that was suspected of being ignited by the victim with a cigarette lighter.

No other product information was available at this time.

STANDARDS INFORMATION

There is a UFAC Voluntary Guideline which addresses cigarette ignition of upholstered furniture.

There is a new regulation requiring disposable butane lighters and all novelty lighters to be child-resistant which went into effect in July of 1994.

ATTACHMENTS

1. Fire Department Report
2. Police Department Report
3. State Fire Marshals Report
4. Medical Examiner Report
5. Photographs provided by attorney
6. Photographs of lighter
7. Data Recording Sheet
8. Press Release 96-024
9. Assignment

SFNT BY:

5-14-96 : 3:55PM :

OKLA STATE FIRE MARSHAL

1 918 747 0751: # 2

F.U.I



OKLAHOMA STATE FIRE MARSHAL
4030 North Lincoln Boulevard, Suite 100
Oklahoma City, Oklahoma 73105

FILE NO. 194-306 **

TASK# 960906005448 COUNTY MAYES

ATTACHMENT# 1

INJURY - FATALITY 1

FIRE INVESTIGATION CAUSE & ORIGIN REPORT LIGHTER

CITY/TOWN CHOUTEAU ADDRESS/LOCATION 210 N 1st ST

DATE OF FIRE: 6-6-94 TIME OF FIRE: 9:30am REQUESTED BY: FC JACK RHODES

DATE OF REQUEST: 6-6-94 TIME OF REQUEST: 10:15am TELEPHONE NO. 918-476-5245

AGENT ASSIGNED: PINSON DATE ASSIGNED: 6-6-94 RESPONSE DATE: 6-6-94

OWNER: [REDACTED]	TENANT: [REDACTED]
SSN: [REDACTED] DOB: [REDACTED]	SSN: [REDACTED] DOB: 6-10-68
ADDRESS: [REDACTED]	ADDRESS: [REDACTED]
CITY: Tulsa, OK 74036	CITY: Chouteau
TELEPHONE: [REDACTED]	TELEPHONE: [REDACTED]

PROPERTY D/B/A		WEATHER (If Known)	
VACANT () Apartment (X) Mercantile () Assembly () Truck () Grass ()	Day (X) Winds		
Dwelling () Motel/Hotel () Educational () Industrial () Hy Equip () Forest ()	Night () Dir.		
Mobile Home () Business () Institutional () Farm/Agric () Vehicle () Other ()	Temp 82°F	MPH	
CONSTRUCTION TYPE		FLOORS	ROOF
Residential (X) Wood Frame (X) Ordinary ()	Concrete (X)	Comp/Wood (X)	Installed
Commercial () Steel/Metal () Masonry ()	Wood ()	Metal ()	Operable
Square Ft. Fire Retardant () Brick Veneer (X)		Tile ()	Good Locations
Yes No FURNISHINGS	NORMAL	Yes No	Yes No INVESTIGATIVE ACTION
X Kitchen	Office	X	Photos Taken Arrest Made
X Bedroom/Bath	Garage	X	Scene Sketch Arrest Warrant
X Living Room/ Den	Out Building	X	Samples Taken * Charges Filed

FIRE DEPARTMENT INFORMATION		Good	Poor	FIRE RELATED INJURIES — OR — FATALITIES	
Responded YES	Water Available	X		Name: SHAWN M STEEDUM	Sex: M
Utilities ON-OFF	Road Condition	X		DOB: 12-22-90	Race: W

ORIGIN	CAUSE
Living Room, Couch Area	Accidental

COMMENTS
Appears child could have been playing with a lighter.

CASE STATUS	OPEN	INVESTIGATION CONTINUED	OPEN INACTIVE	PENDING ACTIVE	ADMINISTRATIVE CLOSED	CLOSED	DATE
					X		6-6-94

INSURANCE INFORMATION

COPIES TO:	DATE	APPROVED
FC JACK RHODES Box 225 CHOUTEAU, OK 74337	6-15	HR
State Fire Marshal - P.O. Box 55505 Tulsa, OK 74155	6-15	HR
Shaw and Associates 6116 NW 63rd OKC	6-21	HR
For Copy - Attention - Property Manager	6-28	HR
For Copy - Attention - [REDACTED]		

TASK# 960806CCC-5448

ATTACHMENT# 2

PRODUCT: CLE CASE NUMBER LIGHTER
94-062

OKLAHOMA

UNIFORM INCIDENT/OFFENSE REPORT

PAGE 1 OF 4

- ☒ INITIAL RPT. () OFFICER SAFETY
☐ MODIFY RPT. () OFFICER ASSAULT
☐ DELETE RPT.

ROUTING:

- CLEARED EXCEPTIONALLY
☐ DEATH OF OFFENDER
☐ PROSECUTION DECLINED
☐ EXTRADITION DENIED
☐ VICTIM REFUSED TO COOPERATE
☐ JUVENILE/NO CUSTODY
☐ NOT CLEARED EXCEPTIONAL

EXCEPTIONAL CLEARANCE DATE

AGENCY NAME CHOUTEAU POLICE DEPT

ORI# OK 0490100

OCCURRED ON OR BETWEEN

REPORTED ON

MONTH	DAY	YEAR	DOW	HOUE	MONTH	DAY	YEAR	DOW	HOUE	MONTH	DAY	YEAR	DOW	HOUE
										06	06	94	MON	0930

TYPE OF REPORT
☒ PERSONS
☐ PROPERTY
☐ INFORMATION
☐ VEHICLE
☐ ARREST
☐ PHONE REPORT
☐ JUVENILE
☐ CHILD ABUSE
☐ DOMESTIC VIOLENCE
☐ ARSON-LOSS \$
☐ OTHER
☐ C - COMPUTER USED
☐ D - DRUG RELATED
☐ A - ALCOHOL RELATED

NO.	VICTIM	MIDDLE	FACE/ETHNICITY	SEX	DOB	AGE	HGT	WGT	HAIR	EYES
				M	12-28-91	3				

ADDRESS APARTMENT CITY CHOUTEAU STATE OK ZIP 74337
RES STATUS N PHONE
BUS ADDRESS CITY STATE ZIP BUS PHONE

DR. LIC.# SSN TYPE OF VICTIM
☒ INDIVIDUAL
☐ BUSINESS
☐ FINANCIAL INSTITUTION
☐ GOVERNMENT
☐ RELIGIOUS ORG.
☐ SOCIETY/PUBLIC
☐ OTHER
☐ UNKNOWN

TYPE OF INJURY APPLIES TO OFFENSES LISTED BELOW

KIDNAPPING/ABDUCTION
FORCIBLE RAPE
FORCIBLE SODOMY
SEXUAL ASSAULT, WITH AN OBJECT
FORCIBLE FONDLING

ROBBERY
AGGRAVATED ASSAULT
SIMPLE ASSAULT
EXTORTION/BLACKMAIL

☐ N - NONE
☐ B - APPARENT BROKEN BONES
☐ I - POSSIBLE INTERNAL INJURY
☐ L - SEVERE LACERATIONS
☐ M - APPARENT MINOR INJURY
☒ O - OTHER MAJOR INJURY
☐ T - LOSS OF TEETH
☒ U - UNCONSCIOUSNESS

LOCATION

OFFENDER KNOWN TO VICTIM YES NO
RELATIONSHIP OF VICTIM TO OFFENDER #
CODE #
VICTIM OF OFFENSE # 1
OSBI #
FBI #

OFFENSE #1	CLASSIFICATION	IBR CODE	ATTEMPT	ADDRESS/LOCATION OF OFFENSE	GEO LOCATION
APT. FIRE	"FATALITY"	90Z	COMP		RESIDENTIAL

PREMISE TYPE NAME APT. COMPLEX
IBR CODE 20
HATE.BIAS YES NO
CODE
APPLIES TO BREAKING & ENTERING ONLY
NUMBER OF PREMISES ENTERED
☐ FORCIBLE
☐ NO FORCE

OFFENSE #	CLASSIFICATION	IBR CODE	ATTEMPT	ADDRESS/LOCATION OF OFFENSE	GEO LOCATION
			COMP		

PREMISE TYPE NAME
IBR CODE
HATE.BIAS YES NO
CODE
APPLIES TO BREAKING & ENTERING ONLY
NUMBER OF PREMISES ENTERED
☐ FORCIBLE
☐ NO FORCE

TYPE OF CRIMINAL ACTIVITY APPLIES TO OFFENSES LISTED BELOW

COUNTERFEITING/FORGERY
STOLEN PROPERTY OFFENSES
DRUGS/NARCOTICS VIOLATIONS
DRUG EQUIPMENT VIOLATIONS
GAMBLING EQUIPMENT VIOLATIONS
PORNOGRAPHY/OBSCENE MATERIAL
WEAPON LAW VIOLATIONS

B - BUYING/RECEIVING
C - CULTIVATING/MANUFACTURING/PUBLISHING
D - DISTRIBUTING/SELLING
E - EXPLOITING CHILDREN
O - OPERATING/PROMOTING/ASSISTING
P - POSSESSING/CONCEALING
T - TRANSPORTING/TRANSMITTING/IMPORTING
U - USING/CONSUMING

ENTER UP TO 3 FOR EACH OFFENSE

INDICATE TYPE BY LETTER

OFFENSE #
OFFENSE #

TYPE WEAPON/FORCE INVOLVED APPLIES TO OFFENSES LISTED BELOW

MURDER & NONNEGLIGENT MANSLAUGHTER
NEGLIGENT MANSLAUGHTER
KIDNAPPING/ABDUCTION
FORCIBLE RAPE
FORCIBLE SODOMY
SEXUAL ASSAULT, WITH AN OBJECT
FORCIBLE FONDLING
ROBBERY
AGGRAVATED ASSAULT
SIMPLE ASSAULT
EXTORTION/BLACKMAIL
WEAPON LAW VIOLATIONS

11 - FIREARM
12 - HANDGUN
13 - RIFLE
14 - SHOTGUN
15 - OTHER FIREARM
20 - KNIFE/CUTTING INSTRUMENT
30 - BLUNT OBJECT
35 - MOTOR VEHICLE
40 - PERSONAL WEAPONS
50 - POISON
60 - EXPLOSIVES
65 - FIRE/INCENDIARY DEVICE
70 - DRUGS/NARCOTICS

ENTER UP TO 3 FOR EACH OFFENSE

CIRCLE "A" IF AUTOMATIC

INDICATE WEAPON/FORCE BY NUMBER

OFFENSE #
OFFENSE #

90 - OTHER
95 - UNKNOWN
99 - NONE

IT IS UNLAWFUL TO FALSELY REPORT A CRIME.
WILL YOU PROSECUTE: (Y/N)

REPORTING OFFICER ID # REVIEWED BY ID #

DET/INV.

MUNICIPAL CRT. D.A.

FILE OTHER

CASE NO. 94-062

COPY

960806CC5448

☐ MODIFY REPORT

PAGE 2 of 4

AGENCY NAME CHAITEAU POLICE DEPT.		ORI# 0K0490100		CASE NUMBER 94-062														
AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES (APPLIES TO UCR DEFINITION ONLY) FOR AGGRAVATED ASSAULT MURDER/NONNEGLIGENT MANSLAUGHTER CHOOSE UP TO 2 _____				NEGLIGENT MANSLAUGHTER CHOOSE 1 _____														
01 ARGUMENT 02 ASSAULT ON LAW ENFORCEMENT OFFICER 03 DRUG DEALING 04 GANGLAND 05 JUVENILE GANG 06 LOVER'S QUARREL		07 MERCY KILLING 08 OTHER FELONY INVOLVED 09 OTHER CIRCUMSTANCES 10 UNKNOWN CIRCUMSTANCES		30 CHILD PLAYING WITH GUN 31 GUN-CLEANING ACCIDENT 32 HUNTING ACCIDENT 33 OTHER NEGLIGENT WEAPON HANDLING 34 OTHER NEGLIGENT KILLINGS ADDITIONAL HOMICIDE CHOOSE 1 _____ 20 CRIMINAL KILLED BY PRIVATE CITIZEN 21 CRIMINAL KILLED BY POLICE OFFICER														
A CRIMINAL ATTACKED POLICE OFFICER KILLED CRIMINAL B CRIMINAL ATTACKED POLICE OFFICER KILLED CRIMINAL C CRIMINAL ATTACKED A CIVILIAN D CRIMINAL ATTEMPTED FLIGHT FROM A CRIME E CRIMINAL KILLED IN COMMISSION OF A CRIME F CRIMINAL RESISTED ARREST G UNABLE TO DETERMINE/NOT ENOUGH INFORMATION																		
SUSPECT / OFFENDER	NO.	CODES: A - ARREST S - SUSPECT I - INSTITUTIONAL X - OTHER: R - RUNAWAY M - MISSING (MENTAL DETOX)																
	NAME (LAST, FIRST, MIDDLE)		RACE/ETHNICITY W B I A N H		SEX	DOB	AGE	HGT	WGT	HAIR	EYES							
	ALIAS NAME		IDENTIFIERS				MARITAL STATUS		RES. STATUS R N									
	STREET ADDRESS		CITY		STATE		ZIP		PHONE									
	EMPLOYMENT / OCCUPATION / SCHOOL		BUSINESS PHONE		GANG/TRIBE/AFFIL.		SSN		DL # / STATE									
	BOOKED / WHERE		BOOKING #		UCR ARREST OFFENSE CODE		TYPE OF ARREST O S T		CHARGES		OSBI # FBI #							
	ARREST DATE		LOCATION OF ARREST		FINGERPRINT CARD #		CITED Y N		CITATION/WARRANT NO (S)		BAIL LOCAL ID # WEAPON CODE							
	JUV. PARENT / GDN. NOTIFIED Y N		NAME / RELATIONSHIP OF PERSON NOTIFIED				DATE / TIME NOTIFIED		NOTIFIED BY		DISP JUV. H. R.							
	VEHICLE	TYPE VEHICLE		1 - VICTIMS 2 - THEFT FROM		3 - SUSPECT 4 - VANDALISM		5 - RECOVERED 6 - SEIZED		7 - STOLEN 8 - IMPOUNDED		9 - OTHER						
		TYPE		TAG NO.		STATE		YEAR		V.I.N.		DISTINGUISHING MARKS						
VEH. YR.		MAKE		MODEL		STYLE		COLOR		EST VALUE								
IMPOUNDED BY		DATE RECOVERED		RECOVERED VALUE		RECOVERING AGENCY ORI#												
WITNESS/ RPT PERSON	CODE		NAME (LAST, FIRST, MIDDLE)		RACE/ETHNICITY W B I A N H		SEX		DOB		AGE		HGT	WGT	HAIR	EYES		
	ADDRESS/LOCATION		CITY / STATE		ZIP		PHONE											
	EMPLOYER		ADDRESS		CITY / STATE		ZIP		PHONE									
	DR. LIC. #		SSN		OSBI # FBI #		MARITAL STATUS		RES. STATUS R N									
NARRATIVE	AT 0930 HRS 06-06-94 DISPATCH RECEIVED PHONE CALL OF AN APT. FIRE AT [REDACTED] APARTMENT COMPLEX ON [REDACTED] WAS A [REDACTED] FIRE DEPT. WAS THEN DISPATCHED TO FIRE. UPON R.O. ARRIVAL OFFICER OBSERVED FLAMES SHOOTING OUT DOOR (FRONT) AND FRONT WINDOWS OF APT. [REDACTED] BY STANDERS WERE YELLING THERE'S A BABY INSIDE. FIREMEN MADE ATTEMPTS TO GO INSIDE APT. BUT FAILED. R.O. SPOKE WITH BABYSITER ([REDACTED]) BRIEFLY. BABYSITER WAS HYSTERICAL AND NEEDED MEDICAL ATTENTION. BABYSITER DID ADVISE THAT SHE HAD BEEN ASLEEP, WAKE UP, APT WAS FULLY IN FLAMES. DECEASED WAS LOCATED AT ENTRANCE OF HALLWAY DIRECTLY BEHIND A CHAIR OR RECLINER. DECEASED WAS LOCATED BY FIRE																	
	REPORTING OFFICER Shuman		ID # #4		REVIEWED BY		ID #		DATE OF REPORT 06-06-94									

960806000 5448

COPY

PROPERTY / NARRATIVE SUPPLEMENT

page 3 of 4

AGENCY NAME

CHOUTEAU POLICE DEPT.

ORI #

NR0490100

CASE NUMBER

94-062

TYPE OF LOSS
CODES

1. NONE

2. BURNED

3. COUNTERFEITED/FORGED

4. DESTROYED/DAMAGED/VANDALIZED

5. RECOVERED

6. SEIZED

7. STOLEN

QUANTITY:

VICTIM
NUMBER

DESCRIPTION, MODEL #

SERIAL #

LOSS: DESC.
CODE: CODEEST.
VALUERECOVERED: ENTERED
DATE NCIC Y/N

DEPT. PERSONEL WHO IMMEDIATELY STARTED CPR

PARENTS: [REDACTED] + [REDACTED]

BABY SITTER: [REDACTED] (SISTER TO [REDACTED])

APARTMENT WAS EQUIPPED WITH SMOKE ALARM (HALLWAY)

APARTMENT COMPLEX MGR - [REDACTED]

R.P. MARGIE [REDACTED]

REPORTING OFFICER

Shum

ID#

#4

DATE OF REPORT

06-06-94

9608064005448

COPY

Pg. 4

VICTIM SUPPLEMENT

AGENCY NAME <u>Police DEPT</u>		ORI # <u>ORCA90100</u>	CASE NUMBER <u>94-062</u>						
VICTIM (LAST, FIRST, MIDDLE) <u>BENDURE, Amy</u>		RACE/ETHNICITY <u>(W) B I A (N) H</u>	SEX <u>F</u>	DOB <u>11-7-77</u>	AGE <u>16</u>	HGT	WGT	HAIR <u>Blk</u>	EYES
ADDRESS <u>[REDACTED]</u>		CITY <u>CHATEAU</u>	STATE <u>OK</u>	ZIP <u>74337</u>	RES STATUS	R PHONE			
BUS. ADDRESS		CITY	STATE	ZIP	BUS PHONE				
DR. UC. #	SSN	TYPE OF VICTIM <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> BUSINESS <input type="checkbox"/> GOVERNMENT		RELIGIOUS ORG. <input type="checkbox"/> SOCIETY/PUBLIC		OTHER <input type="checkbox"/> UNKNOWN			
TYPE OF INJURY APPLIES TO OFFENSES LISTED BELOW									
KIDNAPPING/ABDUCTION		ROBBERY		CHECK UP TO 5 OF THE FOLLOWING TYPE OF INJURY		LOCATION			
FORCIBLE RAPE		AGGRAVATED ASSAULT		<input type="checkbox"/> N - NONE		<input type="checkbox"/> M - APPARENT MINOR INJURY			
FORCIBLE SODOMY		SIMPLE ASSAULT		<input type="checkbox"/> B - APPARENT BROKEN BONES		<input checked="" type="checkbox"/> O - OTHER MAJOR INJURY			
SEXUAL ASSAULT, WITH AN OBJECT		EXTORTION/BLACKMAIL		<input type="checkbox"/> I - POSSIBLE INTERNAL INJURY		<input type="checkbox"/> T - LOSS OF TEETH			
FORCIBLE FONDLING				<input type="checkbox"/> L - SEVERE LACERATIONS		<input type="checkbox"/> U - UNCONSCIOUSNESS			
OFFENDER KNOWN TO VICTIM YES NO	RELATIONSHIP OF VICTIM TO OFFENDER #	CODE #	VICTIM OF OFFENSE # <u>602</u>		OSBI # FBI #				
VICTIM (LAST, FIRST, MIDDLE)		RACE/ETHNICITY <u>W B I A N H</u>	SEX	DOB	AGE	HGT	WGT	HAIR	EYES
ADDRESS		CITY	STATE	ZIP	RES STATUS	R PHONE			
BUS. ADDRESS		CITY	STATE	ZIP	BUS PHONE				
DR. UC. #	SSN	TYPE OF VICTIM <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> BUSINESS <input type="checkbox"/> GOVERNMENT		RELIGIOUS ORG. <input type="checkbox"/> SOCIETY/PUBLIC		OTHER <input type="checkbox"/> UNKNOWN			
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FORCIBLE FONDLING				<input type="checkbox"/> L - SEVERE LACERATIONS		<input type="checkbox"/> U - UNCONSCIOUSNESS			
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VICTIM (LAST, FIRST, MIDDLE)		RACE/ETHNICITY <u>W B I A N H</u>	SEX	DOB	AGE	HGT	WGT	HAIR	EYES
ADDRESS		CITY	STATE	ZIP	RES STATUS	R PHONE			
BUS. ADDRESS		CITY	STATE	ZIP	BUS PHONE				
DR. UC. #	SSN	TYPE OF VICTIM <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> BUSINESS <input type="checkbox"/> GOVERNMENT		RELIGIOUS ORG. <input type="checkbox"/> SOCIETY/PUBLIC		OTHER <input type="checkbox"/> UNKNOWN			
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FORCIBLE FONDLING				<input type="checkbox"/> L - SEVERE LACERATIONS		<input type="checkbox"/> U - UNCONSCIOUSNESS			
OFFENDER KNOWN TO VICTIM YES NO	RELATIONSHIP OF VICTIM TO OFFENDER #	CODE #	VICTIM OF OFFENSE #		OSBI # FBI #				
VICTIM (LAST, FIRST, MIDDLE)		RACE/ETHNICITY <u>W B I A N H</u>	SEX	DOB	AGE	HGT	WGT	HAIR	EYES
ADDRESS		CITY	STATE	ZIP	RES STATUS	R PHONE			
BUS. ADDRESS		CITY	STATE	ZIP	BUS PHONE				
DR. UC. #	SSN	TYPE OF VICTIM <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> BUSINESS <input type="checkbox"/> GOVERNMENT		RELIGIOUS ORG. <input type="checkbox"/> SOCIETY/PUBLIC		OTHER <input type="checkbox"/> UNKNOWN			
TYPE OF INJURY APPLIES TO OFFENSES LISTED BELOW									
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FORCIBLE SODOMY		SIMPLE ASSAULT		<input type="checkbox"/> B - APPARENT BROKEN BONES		<input type="checkbox"/> O - OTHER MAJOR INJURY			
SEXUAL ASSAULT, WITH AN OBJECT		EXTORTION/BLACKMAIL		<input type="checkbox"/> I - POSSIBLE INTERNAL INJURY		<input type="checkbox"/> T - LOSS OF TEETH			
FORCIBLE FONDLING				<input type="checkbox"/> L - SEVERE LACERATIONS		<input type="checkbox"/> U - UNCONSCIOUSNESS			
OFFENDER KNOWN TO VICTIM YES NO	RELATIONSHIP OF VICTIM TO OFFENDER #	CODE #	VICTIM OF OFFENSE #		OSBI # FBI #				
VICTIM (LAST, FIRST, MIDDLE)		RACE/ETHNICITY <u>W B I A N H</u>	SEX	DOB	AGE	HGT	WGT	HAIR	EYES
ADDRESS		CITY	STATE	ZIP	RES STATUS	R PHONE			
BUS. ADDRESS		CITY	STATE	ZIP	BUS PHONE				
DR. UC. #	SSN	TYPE OF VICTIM <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> BUSINESS <input type="checkbox"/> GOVERNMENT		RELIGIOUS ORG. <input type="checkbox"/> SOCIETY/PUBLIC		OTHER <input type="checkbox"/> UNKNOWN			
TYPE OF INJURY APPLIES TO OFFENSES LISTED BELOW									
KIDNAPPING/ABDUCTION		ROBBERY		CHECK UP TO 5 OF THE FOLLOWING TYPE OF INJURY		LOCATION			
FORCIBLE RAPE		AGGRAVATED ASSAULT		<input type="checkbox"/> N - NONE		<input type="checkbox"/> M - APPARENT MINOR INJURY			
FORCIBLE SODOMY		SIMPLE ASSAULT		<input type="checkbox"/> B - APPARENT BROKEN BONES		<input type="checkbox"/> O - OTHER MAJOR INJURY			
SEXUAL ASSAULT, WITH AN OBJECT		EXTORTION/BLACKMAIL		<input type="checkbox"/> I - POSSIBLE INTERNAL INJURY		<input type="checkbox"/> T - LOSS OF TEETH			
FORCIBLE FONDLING				<input type="checkbox"/> L - SEVERE LACERATIONS		<input type="checkbox"/> U - UNCONSCIOUSNESS			
OFFENDER KNOWN TO VICTIM YES NO	RELATIONSHIP OF VICTIM TO OFFENDER #	CODE #	VICTIM OF OFFENSE #		OSBI # FBI #				
REPORTING OFFICER <u>Shannon #4</u>		ID #	DATE OF REPORT <u>06-06-94</u>						



OKLAHOMA STATE FIRE MARSHAL
4030 North Lincoln Boulevard, Suite 100
Oklahoma City, Oklahoma 73105

FILE NO. 194-306 **
COUNTY MAYES
INJURY - FATALITY 1

TASK # 96-00004-5448
ATTACHMENT # 3

BY Holter

FIRE INVESTIGATION CAUSE & ORIGIN REPORT

CITY/TOWN	CHOUTEAU	ADDRESS/LOCATION	210 N 1st ST		
DATE OF FIRE:	6-6-94	TIME OF FIRE:	9:30am	REQUESTED BY:	FC JACK RHODES
DATE OF REQUEST:	6-6-94	TIME OF REQUEST:	10:15am	TELEPHONE NO.	918-476-5225
AGENT ASSIGNED:	PINSON	DATE ASSIGNED:	6-6-94	RESPONSE DATE:	6-6-94

OWNER:	TENANT:
SSN:	DOB:
ADDRESS:	ADDRESS:
CITY:	CITY: CHOUTEAU
TELEPHONE:	TELEPHONE:

PROPERTY	D/B/A	WEATHER (If Known)				
VACANT () Apartment (X) Mercantile () Assembly () Truck () Grass ()		Day (X) Winds				
Dwelling () Motel/Hotel () Educational () Industrial () Hy Equip () Forest ()		Night () Dir.				
Mobile Home () Business () Institutional () Farm/Agric () Vehicle () Other ()		Temp 80°F MPH				
CONSTRUCTION TYPE	FLOORS	ROOF	SMOKE DETECTORS	Yes	No	Unk
Residential (X) Wood Frame (X) Ordinary ()	Concrete (X)	Comp/Wood (X)	Installed	X		
Commercial () Steel/Metal () Masonry ()	Wood ()	Metal ()	Operable	X		
Square Ft. Fire Resistive () Brick Veneer (X)		Tile ()	Good Locations	X		
Yes No FURNISHINGS	NORMAL	Yes No	Yes No	INVESTIGATIVE ACTION	Yes	No
X Kitchen	Office	X	X	Photos Taken	Arrest Made	X
X Bedroom/Bath	Garage	X	X	Scene Sketch	Arrest Warrant	X
X Living Room/ Den	Out Building	X	X	Samples Taken - #	Charges Filed	X

FIRE DEPARTMENT INFORMATION	Good	Poor	FIRE RELATED INJURIES — OR — FATALITIES		
Responded YES	Water Available		Name: SHAWN M STEDDUM	Sex	M
Utilities ON--OFF	Road Condition		DOB: 12-28-90	SSN:	Race W

ORIGIN	CAUSE
Living Room, Couch Area	Accidental

COMMENTS
Appears child could have been playing with a lighter.

CASE STATUS	OPEN	INVESTIGATION CONTINUED	OPEN INACTIVE	PENDING ACTIVE	ADMINISTRATIVE CLOSED	CLOSED	DATE
					X		6-6-94

INSURANCE INFORMATION

COPIES TO:	DATE	APPROVED
FC JACK RHODES Box 225 CHOUTEAU, OK 74337	6-15	Ha
State Farm Insurance - P.O. Box 55505, Tulsa, OK 74155	6-15	Ha

DATE: 6-12-94	AGENT: Lou Pinson
---------------	-------------------

FILE NUMBER 194-306OFFICE OF STATE FIRE MARSHAL
REQUEST FORMINVESTIGATION ✓ INSPECTION _____ OTHER _____City CHOUTEAU F.D.I.D. # _____ County MAYESStreet Location [REDACTED]Requested by JACK RHODES Phone: A/C (918) 476-5225Requesting Agency FDDate of Fire 6-6-94 Time of Fire 9:30 AM PMDate of Request 6-6-94 Time of Request 10:15 AM PMProperty Description [REDACTED] APARTMENT [REDACTED]Owner [REDACTED] Phone: A/C [REDACTED]Address [REDACTED] Zip Code 74036Tenant [REDACTED] Phone: A/C ()

Business Name _____

Insurance Carrier _____

Insurance Agent _____ Phone: A/C ()

Insurance Adjustor _____ Phone: A/C ()

REMARKS:

1- FATAGENT ASSIGNED Pinson DATE ASSIGNED 6-6-94

2:45 P.M.

06-06-94

C.P.D.

W.

6-10-68

COPY

ADVISED HE AND HIS WIFE HAS
BEEN SEPARATED SINCE 1ST OF MAY 94

VISITS 2-3 TIMES A WEEK

WAS AT APT, 2ND OR 3RD OF JUNE
WOULD BE IN AFTERNOON AROUND 3:PM

(NO DIVORCE PROCEEDINGS AT THIS TIME

REASON FOR SEPARATION

ADV. JUST NOT GETTING ALONG.

ADV. (SISTER-IN-LAW) BABY SITS
3-4 DAYS A WEEK. (THE OLDEST CHILD)
GRANDMOTHER m BABYSITS BABY.

ADVISES VERY GOOD. BABYSITTER.

ADVISES HAVING TROUBLE WITH GAS
PLUMBING AND HAD NOTIFIED APT. MGR.
Development in INOCA, (Cancer) ALSO.

CITY UTILITY. FLUCTUATION IN GAS BILLS. LAST MONTH

ADVISED CAUGHT PLAYING WITH
CIGARETTE LIGHTER JUST BEFORE CHRISTMAS.

COPY

ONEY

ADVISED

SLEEPING IN

Bedroom

WHAT

STATED AT HOSPITAL

NORTHWEST

HEARD SMOKE ALARM

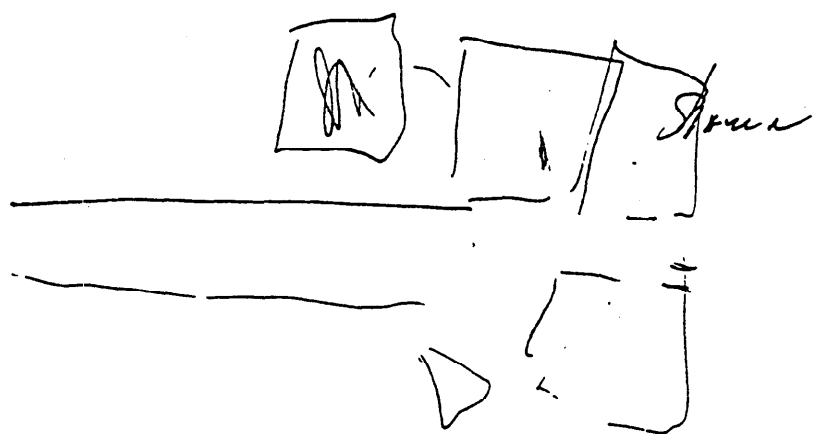
Bedroom

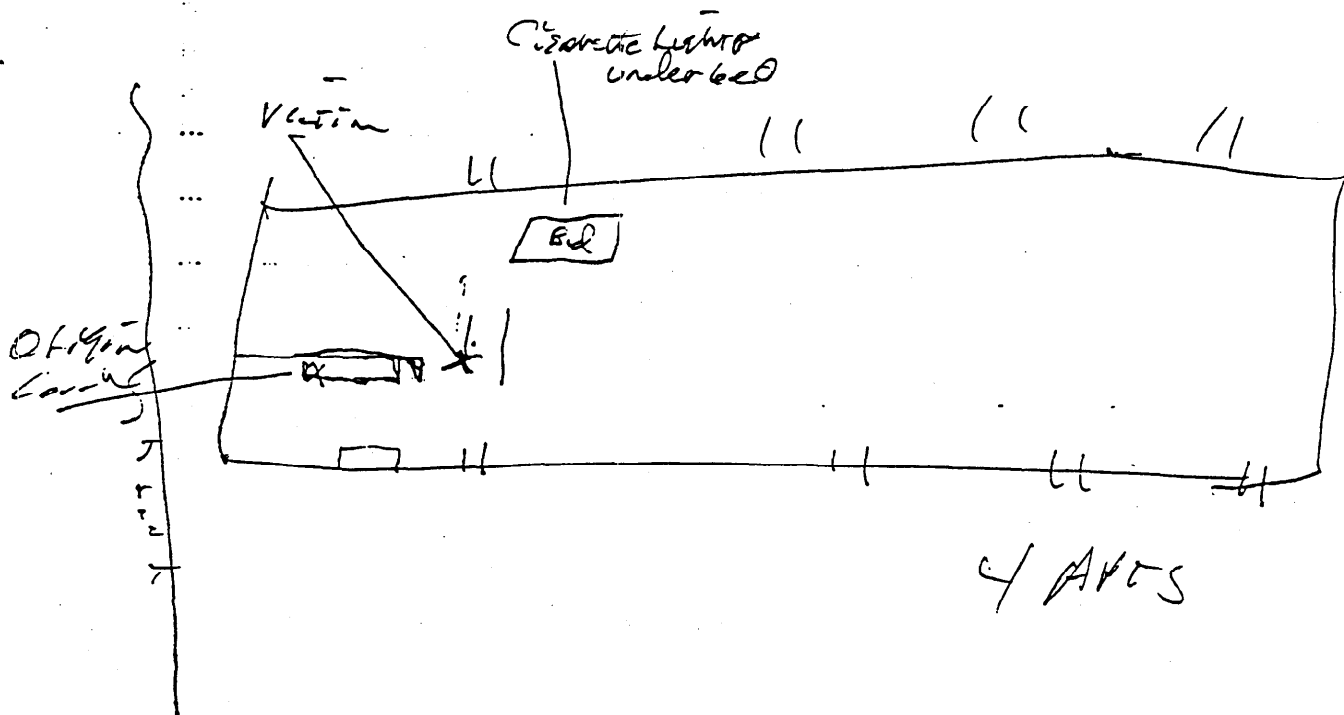
WAS NOTIFIED BY HIS MOTHER

BY MAGER

OF THE FIRE AT A-1

Officer Langshum C-8





Victim was found between Chair & Couch
in Living Room.

Agent has Cigarette lighter taken from
under Mother's bed.

7:30 a.m. was when she left
Sister Amy Baby Setter STAYED ALL NIGHT.

Mother - Shelly - 2-15-70 DOB w/f
- [REDACTED]

- 825-1600 Eng Room - Phys R

194-3060 C/CHOUTEAU, OK Officer Schrum
Res 67 Police Detr 918-476-5225

3 yr old boy

Res 6-6-94 10:15 AM Chout
Council 66-94 9 AM

- Alt Bld -

Possible 1-FAT

Re. Jack Rhodes Box 275 Cho-Tetu OK 74337

Cho-tetu 44 1st on S-e → Jose Chantre FD

Rescheduled 6-6-94

6-6-84

[REDACTED]
[REDACTED]
Rt + [REDACTED]

(houreau 74337
[REDACTED])

I am the man do the [REDACTED] H/O
I heard the baby scatter [REDACTED]
out in the yard, saying, "He's in there."

She told me she was asked if the Snob
H/O was her up.

She told me she could see flame on
the couch in the living room, but she
didn't see Sherry.

Her face was burnt & hair burnt.
She doesn't say what room she was asleep in
said kids mother said kid was in his room
asleep in his bed when she left.

[REDACTED] is Sherry Dad.

6-6-94

~~XXXXXX~~
neighbor
~~XXXXXX~~

I am A Neighbor to people who had
the Fire today.

I heard her screaming out in the yard
I called the FD.

She said the Fire is in the Living Room.
She said there is a lighter out.

6-6-94

~~XXXXXXXXXX~~
Host 16 Yrs old
4:30 PM
Ptyor

She said smoke alarm woke her up, went
into the living room the couch was on fire
from middle to west, she tried to put the
fire out with a throw pillow.

She stayed all night with them last night
~~stayed~~ for Shawn Bed - mother left this
morning & never woke her up. Shawn slept
with his mother. There she left around
6-6:30 AM going to work.

Bobby Settel — [REDACTED] 16 yrs old

Rentall

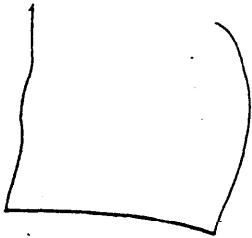
SISTER

Wheeler - Driver

Host

[REDACTED] APTS [REDACTED] ADT [REDACTED]
[REDACTED] ST - Location

N - 1st ST



Victim - [REDACTED] M [REDACTED]

DOB - 12-28-90
w/m

MAKES
Medical Content

FIRE INVESTIGATION REPORT -- CONTINUATION

COPY

Page 1 of 2

OWNER Green Companies Day Camp	CITY CHOUTEAU	COUNTY MAYES	DATE 6-6-94	FILE NO: 174-306
TENANT [REDACTED]	CASE STATUS Closed	AGENT Sam Pinson	DATE OPENED 6-6-94	
Report in NARRATIVE FORM - details of the Offense and Investigative findings, including disposition of Evidence. List and Identify all witnesses and suspect information.				

The undersigned Agent responded to Chouteau 6-6-94 and investigated an Apartment Fire, when Agent arrived the Fire Dept was still at the Fire Scene. Agent found this to be an Accidental Fire, Origin of the Fire was in the Living Room, appeared to be from the west end of the Couch.

1. FATALITY, [REDACTED], w/m, DOB 12-28-90. Agents opinion, the victim had got out of bed and was the only person up and he was playing with a cigarette lighter. The Fire Dept showed this Agent a cigarette lighter which was located under the mothers bed.

[REDACTED] was the baby sister, 16yrs old, sister to [REDACTED]. She and the victim were the only two persons in the house at the time of the Fire.

Agent talked with [REDACTED], neighbor at the Apartments. [REDACTED] She stated [REDACTED] was in the yard screaming, [REDACTED] told her the Fire was in the Living-Room, she said there is a lighter out.

Agent talked with [REDACTED], manager of the Apartments. She said [REDACTED] told her she was asleep and the smoke alarm woke her up, said she could see flames on the Couch, but didn't see the victim.

AGENT SIGNATURE [Signature]	DATE 7-11-94	APPROVAL SIGNATURE	DATE
--------------------------------	-----------------	--------------------	------

FIRE INVESTIGATION REPORT --

CONTINUATION

COPY

Page 2 of 2

OWNER	CITY	COUNTY	DATE	FILE NO:
TENANT	CASE STATUS	AGENT	DATE OPENED	1994.306

Report In NARRATIVE FORM - details of the Offense and Investigative Findings, including disposition of Evidence. List and Identify all witnesses and suspect information.

Agent went to the hospital in Phoenix and talked with [REDACTED], her father was also at the hospital. [REDACTED] said the smoke alarm woke her up, she went in the living room and the couch was on fire from the center of it to the west end, she tried to put the fire out. [REDACTED] said she stayed all night with them the night before, she slept in [REDACTED]'s room, her sister got up and went to work and didn't wake her up. [REDACTED] slept with his mother. [REDACTED] thinks [REDACTED] left home about 6:30 am.

Agent talked with [REDACTED] sister, he said the boy did play with fire sometimes.

AGENT SIGNATURE

DATE

APPROVAL SIGNATURE

DATE

BOARD OF MEDICOLEGAL INVESTIGATIONS
OFFICE OF THE CHIEF MEDICAL EXAMINER

Central Office
901 N. Stonewall
Oklahoma City, Oklahoma 73117
(405)239-7141

Eastern Division
1125 West 17th St.
Tulsa, Oklahoma 74107
(918) 582-0985

OFFICE USE ONLY

Re. 101 JUN 15 1994
Co. 101

I hereby certify that this is a true and correct copy of the original document. Valid only when copy (imprint of the office seal).

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

ATTACHMENT # 4

PRODUCT: CLEAR

By L. H. H. H.
JUN 17 1994

DECEDENT—First—Middle—Last Names (Please avoid use of initials) <u>[REDACTED] M [REDACTED]</u>	Age <u>3</u>	Birth Date <u>12-28-91</u>	Race <u>W</u>	Sex <u>M</u>	Marital Status
---	-----------------	-------------------------------	------------------	-----------------	----------------

HOME ADDRESS—No. Street, City, State <u>[REDACTED]</u>	Occupation
---	------------

TYPE OF DEATH: (Check one only)		If motor vehicle accident, check one of the following
While in penal incarceration <input type="checkbox"/> After unexplained coma <input type="checkbox"/> During therapeutic procedure <input type="checkbox"/> Death possible threat to public health <input type="checkbox"/> Unattended stillbirth or by midwife only <input type="checkbox"/>	Unattended during fatal illness <input type="checkbox"/> Found dead without obvious cause <input type="checkbox"/> *Under suspicious circumstances <input type="checkbox"/> *Violent, unusual or unnatural <input checked="" type="checkbox"/> *Means: <u>HOUSEFIRE</u>	
		DRIVER <input type="checkbox"/> CYCLIST <input type="checkbox"/> PASSENGER <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/>

EXAMINER NOTIFIED BY—NAME—TITLE (AGENCY, INSTITUTION, OR ADDRESS) <u>Mayor Condo Med Center</u>	DATE <u>6-6-94</u>	TIME <u>1100</u>
--	-----------------------	---------------------

INJURED OR BECAME ILL AT (ADDRESS) <u>[REDACTED]</u>	CITY OR COUNTY <u>Chouteau</u>	TYPE OF PREMISES <u>residence</u>	DATE <u>6-6-94</u>	TIME <u>1</u>
---	-----------------------------------	--------------------------------------	-----------------------	------------------

LOCATION OF DEATH (ADDRESS OR NAME OF INSTITUTION) <u>[REDACTED]</u>	CITY OR COUNTY <u>Chouteau</u>	TYPE OF PREMISES	DATE <u>6-6-94</u>	TIME <u>1018</u>
---	-----------------------------------	------------------	-----------------------	---------------------

BODY VIEWED BY MEDICAL EXAMINER AT (ADDRESS) <u>129 N. Kentucky</u>	CITY OR COUNTY <u>Pryor</u>	TYPE OF PREMISES <u>Hosp</u>	DATE <u>6-6-94</u>	TIME <u>1200</u>
--	--------------------------------	---------------------------------	-----------------------	---------------------

DESCRIPTION OF BODY	RIGOR	LIVOR	EXTERNAL OBSERVATIONS	NOSE	MOUTH	EARS
EXTERNAL PHYSICAL EXAMINATION	Jaw <input type="checkbox"/> Complete <input checked="" type="checkbox"/>	Color <u>Ch. pink</u>	Clothed <input type="checkbox"/> Unclothed <input type="checkbox"/>	BLOOD		
	Neck <input type="checkbox"/> Absent <input type="checkbox"/>	Anterior <input type="checkbox"/>	Partly clothed <input checked="" type="checkbox"/> Hair	FROTH	<u>X</u>	<u>X</u>
	Arms <input type="checkbox"/> Passed <input type="checkbox"/>	Posterior <input type="checkbox"/>	Beard _____ Mustache _____	OTHER (Sand, dirt, water, etc.)		
	Legs <input type="checkbox"/> Decomposed <input type="checkbox"/>	Lateral <input type="checkbox"/>	Circumcised <input type="checkbox"/>			
Significant observations and injury documentation—(Please use space below) <u>Burn to 98% of body</u> <u>Scot = nose + mouth</u>		Regional _____	Eyes: Color _____	(cm) LENGTH <u>106.5</u>	(kg) WEIGHT <u>22</u>	BODY HEAT:
			Pupils: Opacities, Etc. _____			
			R _____ L _____			

Probable cause of death: <u>Smoke inhalation</u> <u>3 burn</u>	Manner of death: (Check one only)	Case disposition:
	Natural <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Unknown <input type="checkbox"/> Pending <input type="checkbox"/>	Autopsy: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Authorized by _____ Pathologist _____ Not a medical examiner case <input type="checkbox"/>

MEDICAL EXAMINER Name, Address and Telephone No. <u>Jim Miller DO</u> <u>129 N. Kentucky</u> <u>Pryor OK 74361</u>	I hereby state that, after receiving notice of the death described herein, I conducted an investigation as to the cause and manner of death, as required by law, and that the facts contained herein regarding such death are true and correct to the best of my knowledge and belief. <u>Miller</u> Signature of Medical Examiner
--	--

County of Appointment <u>Miller</u>	Date <u>6/6/94</u>	WAIVE MEDICAL EXAMINER FEE — <input type="checkbox"/> YES
--	-----------------------	---

9409696

SHAWN M. STEDDUM - 9409696

NLM

MEDICAL ATTENTION AND HOSPITAL OR INSTITUTIONAL CARE:

JUN 17 1966

NAME OF PHYSICIAN OR INSTITUTION	ADDRESS	DIAGNOSIS	DATE

CIRCUMSTANCES OF DEATH

DECEASED BY	NAME-RELATIONSHIP-ADDRESS	DATE	TIME
	[REDACTED] - Aunt	6-6-61	1000
LAST KNOWN ALIVE BY	[REDACTED]	DATE	TIME
		6/6/61	1030
WITNESSES TO INJURY <input type="checkbox"/>			
CAUSE OF DEATH <input type="checkbox"/> AND/OR DEATH <input type="checkbox"/>			

NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH: (Include scene description and/or diagram where appropriate)

Pt reportedly was playing w/ cigarette lighter & caught
Couch on fire - [REDACTED] woke up & ran outside then
went back in to find pt - pt reportedly was down 15 min prior to
fire fighter arrival - took lif flight & seen : pt did not
respond - Effort stopped @ 1015
982 of body home

A400
A401

BOARD OF MEDICOLEGAL INVESTIGATIONS
OFFICE OF THE CHIEF MEDICAL EXAMINER
901 N. Stonewall
Oklahoma City, Oklahoma 73117

OFFICE USE ONLY

Re. _____ Co. _____

I hereby certify that this is a true and correct copy of the original document. Valid only when copy bears imprint of the office seal.

REPORT OF LABORATORY ANALYSIS

By NLM

Date JUN 17 1996

NAME: [REDACTED]

LABORATORY NO. 941206

MATERIAL SUBMITTED: Blood

DATE RECEIVED: June 8, 1994

CASE NO.: 9409696

SUBMITTED BY: Jim Wiley, D.O.

MEDICAL EXAMINER: Jim Wiley, D.O.

RESULTS:

BLOOD: (Subclavian)

Ethyl Alcohol - Negative

Carbon Monoxide - 46% Carboxyhemoglobin



June 15, 1994
DATE

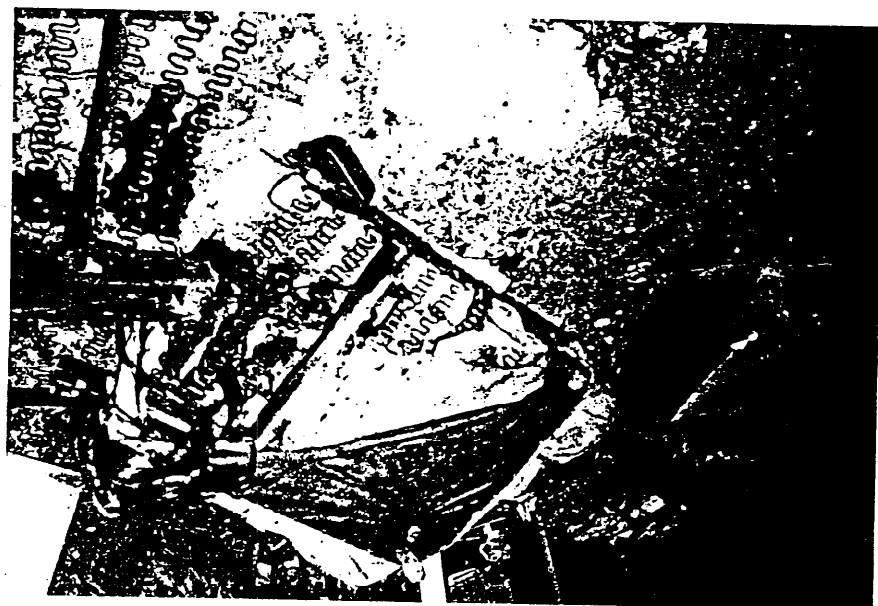
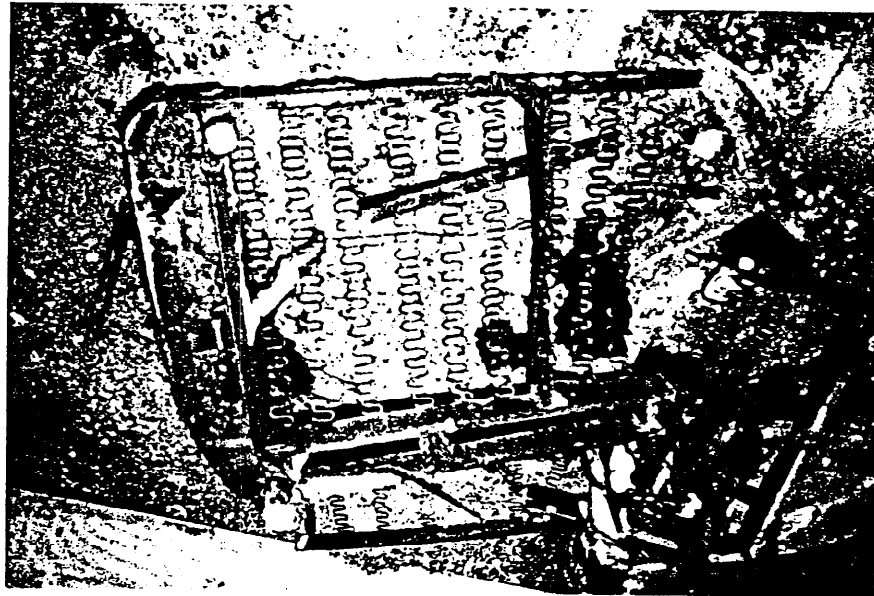
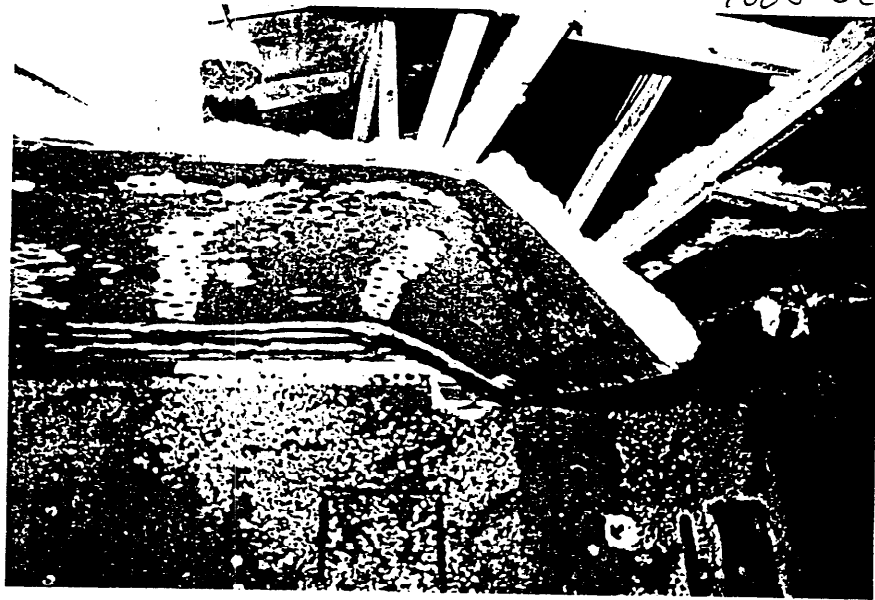
Timothy P. Rohrig
TIMOTHY P. ROHRIG, Ph.D., DABFT
Chief Forensic Toxicologist

Please Note: Unless notified in writing to the contrary, the specimen(s) submitted in this case will be discarded at the end of 60 days.

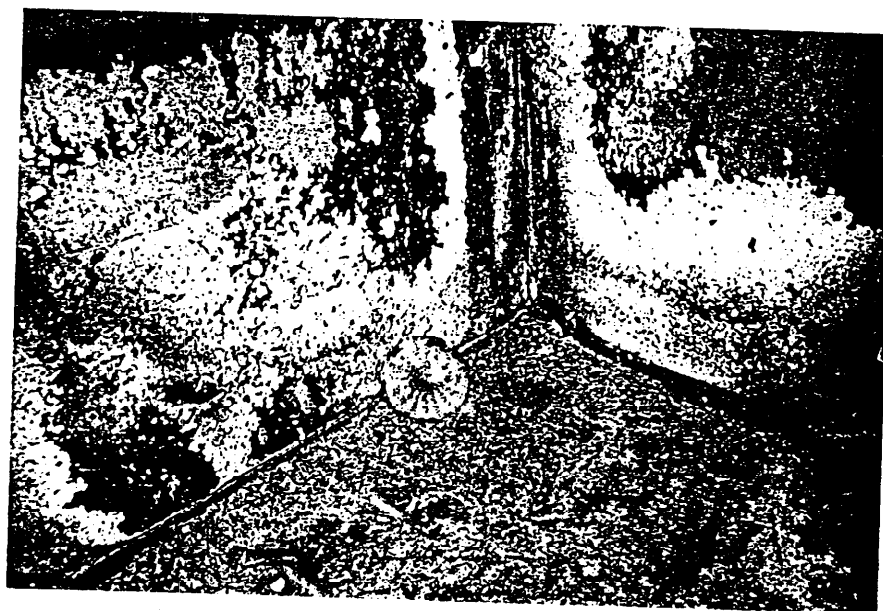


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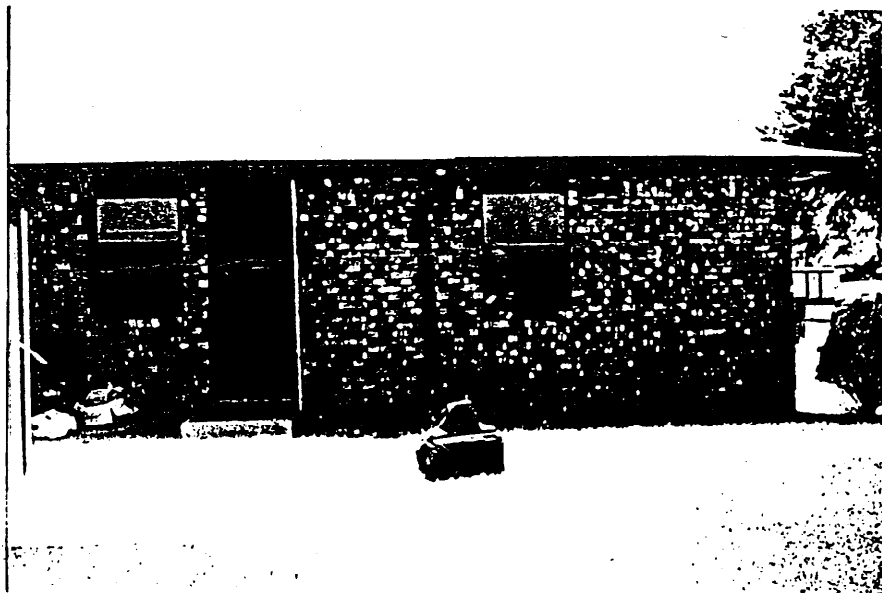
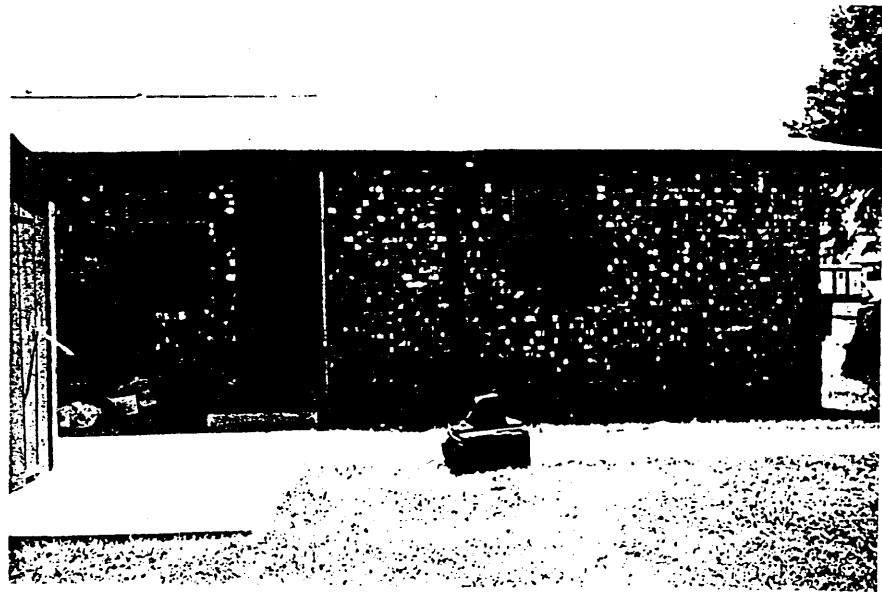
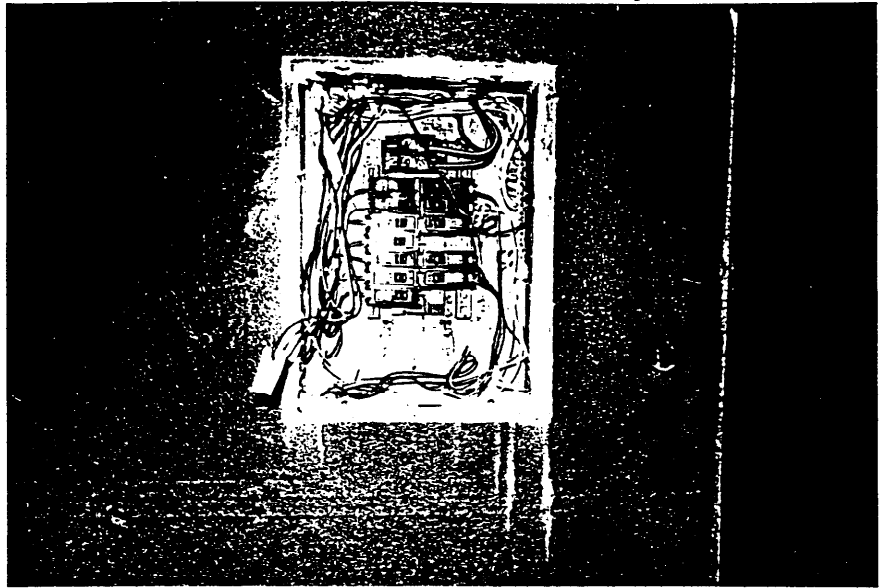
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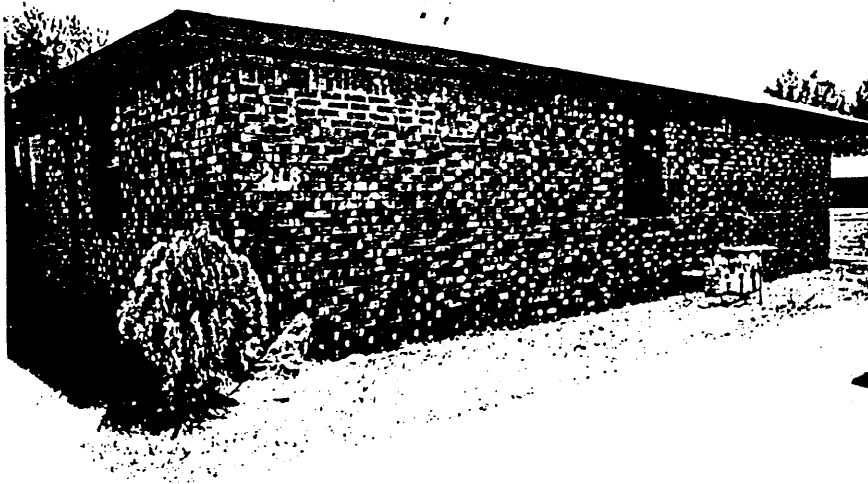
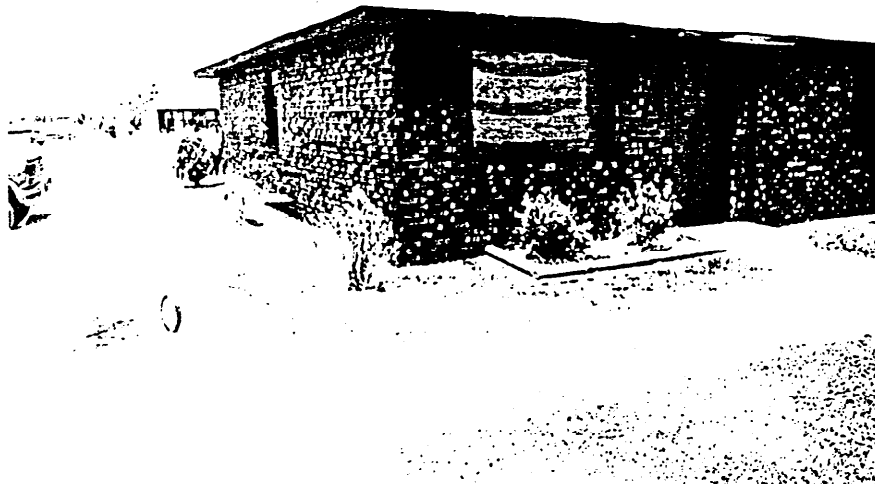
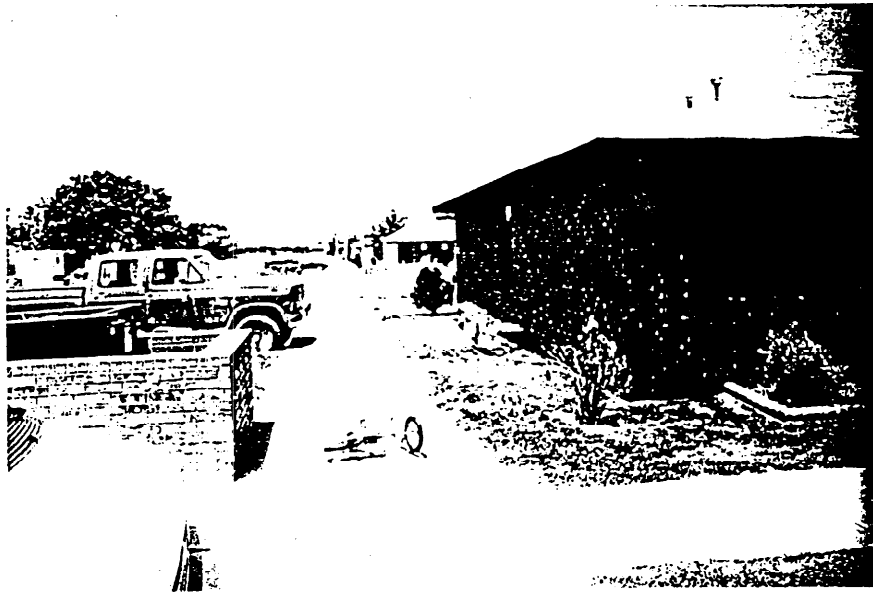
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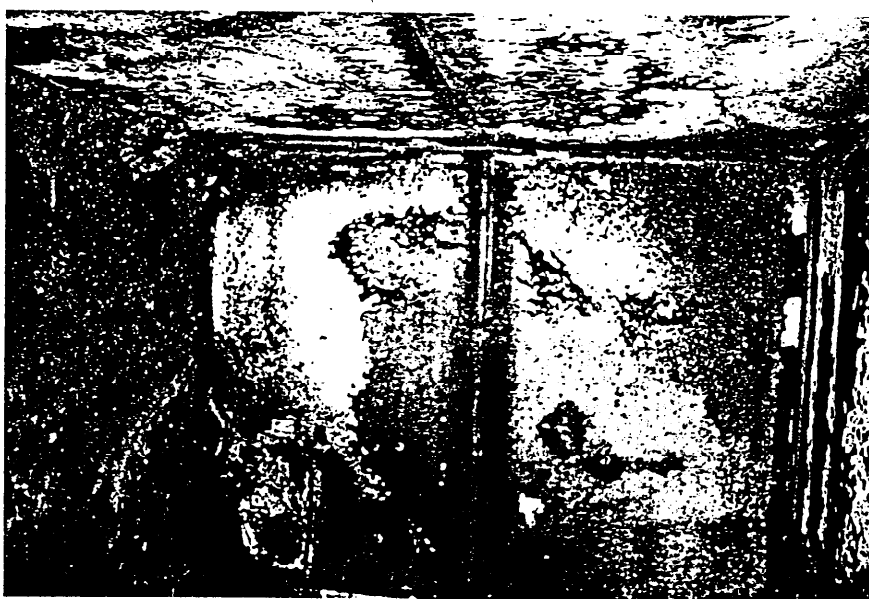
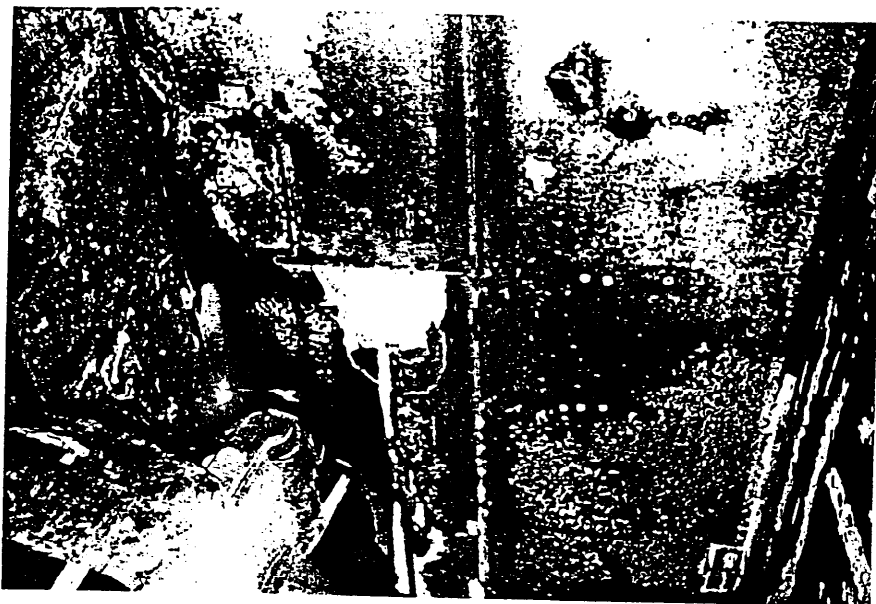
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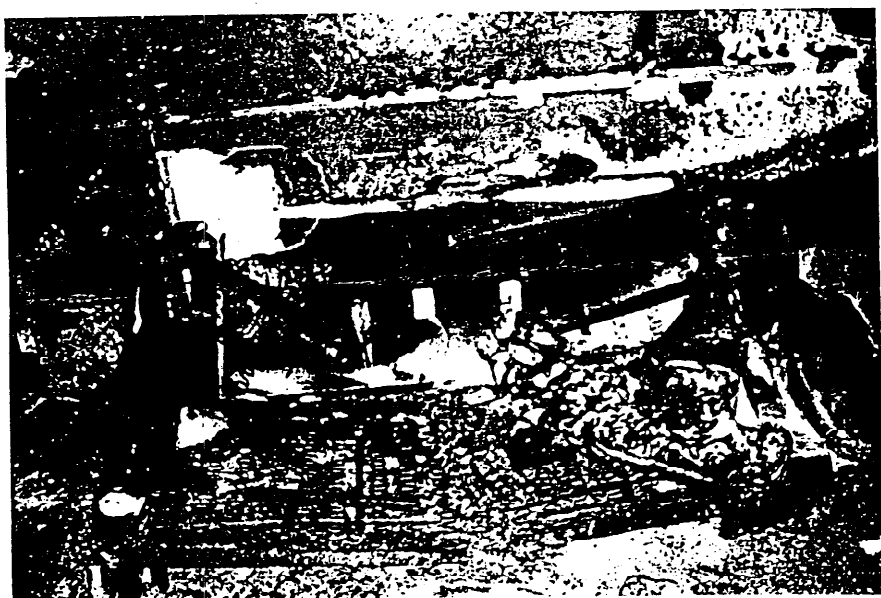
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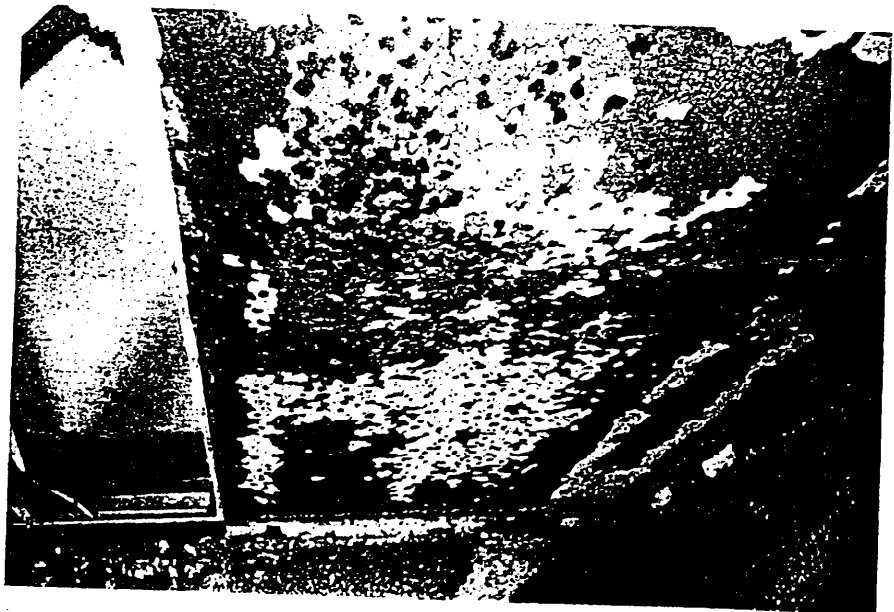
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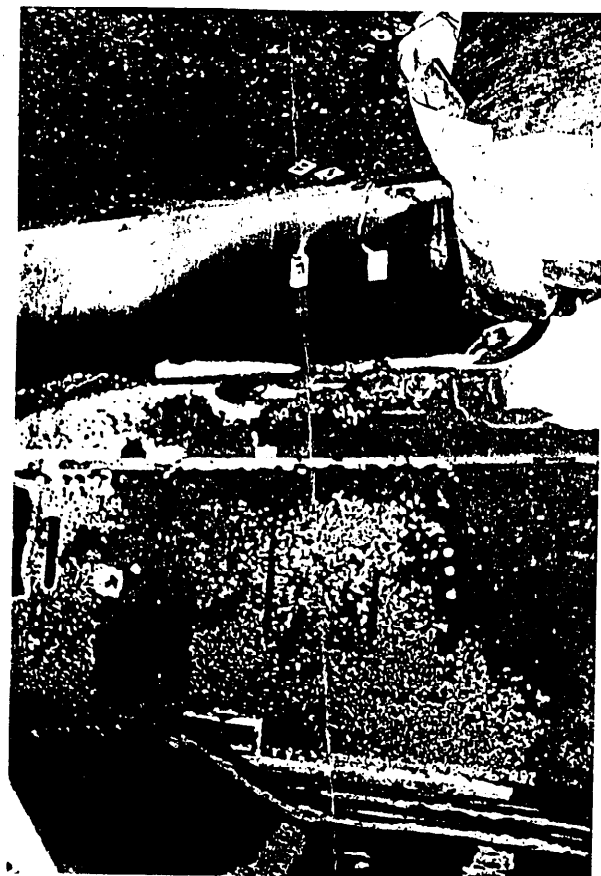


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TASK# 91608K6CC 5448
 ATTACHMENT # 5
 PRODUCT: CLIGHTER LIGHTER

960806 CCC 5448



TASK# 960806CCC5448

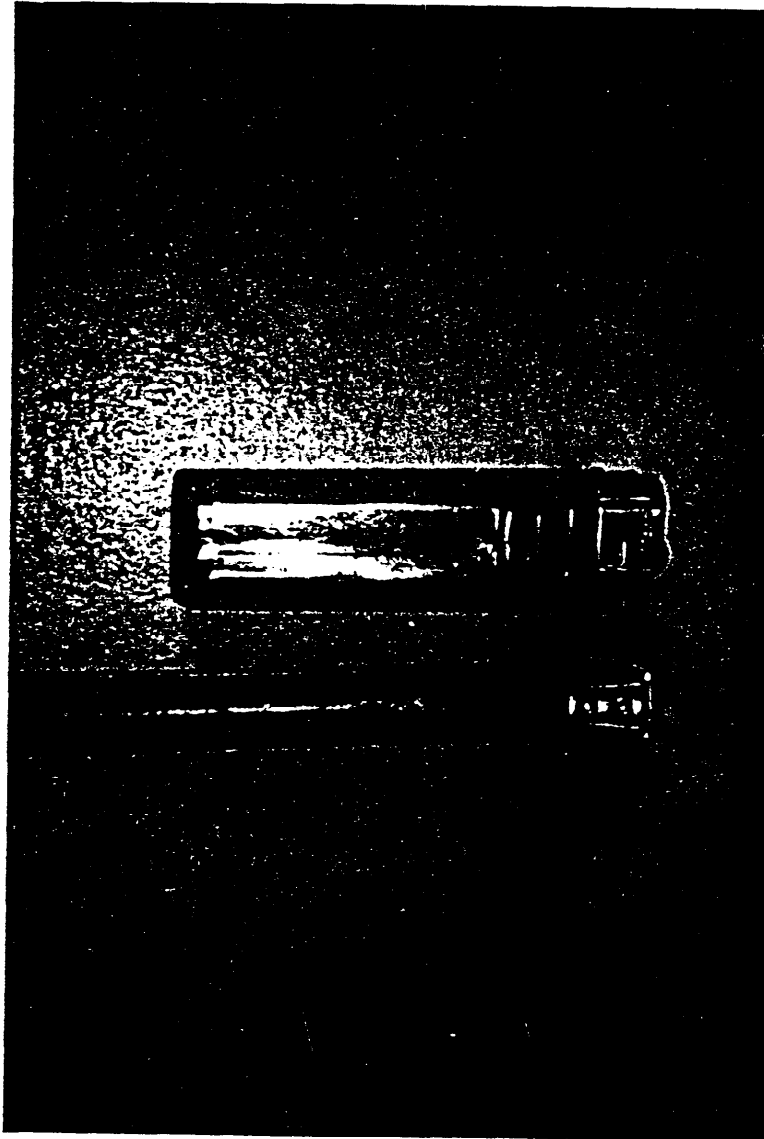
ATTACHMENT# 6

PRODUCT: CIGARETTE LIGHTER

DALLAS SATELLITE OFFICE

PHOTO SHEET

LOCATION Chouteau, Oklahoma
DOCUMENT NO. C96750234
PRODUCT Cigarette Lighter
IDI# 960806CCC5448



PICTURE

NO. 1

DESCRIPTION Photo of the cigarette lighter the three year old victim was suspected of playing with. It is suspected the victim ignited a sofa in the living room of the apartment. The lighter is labeled " " on the metal hood and is not child proof. The lighter is in the possession of the attorney representing the family of the victim. The lighter is being sent to a firm who will test it for flare-up etc. The attorney feels the lighter is subject to the 11/17/95 recall of " " (Release

#96-
024)

DALLAS SATELLITE OFFICE

960806 CCC5448

PHOTO SHEET

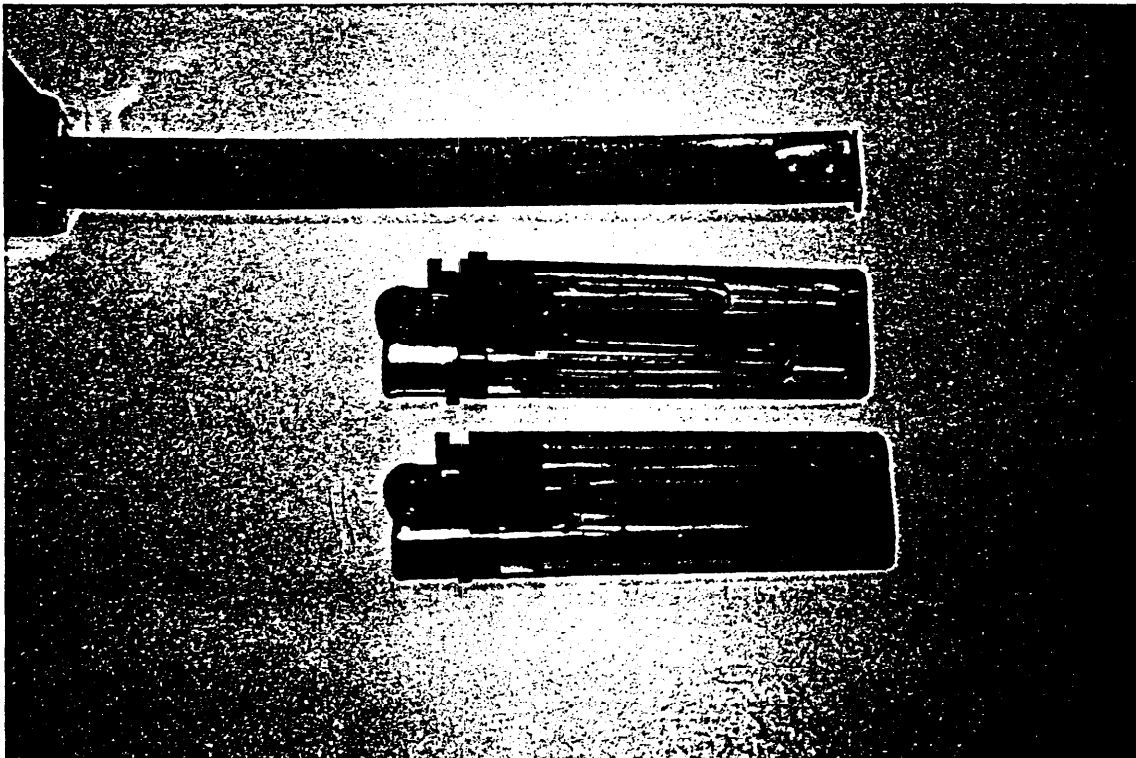
LOCATION Chouteau, Oklahoma
DOCUMENT NO. C96750234
PRODUCT Cigarette Lighter
IDI# 960806CCC5448

PICTURE

NO. 2

DESCRIPTION Photo shows the pink cigarette lighter suspected in the fatal fire lying beside another

lighter which is newer and child proof. The attorney purchased this new purple lighter for exhibit purposes etc. It was not found in the apartment where the fatal fire occurred.



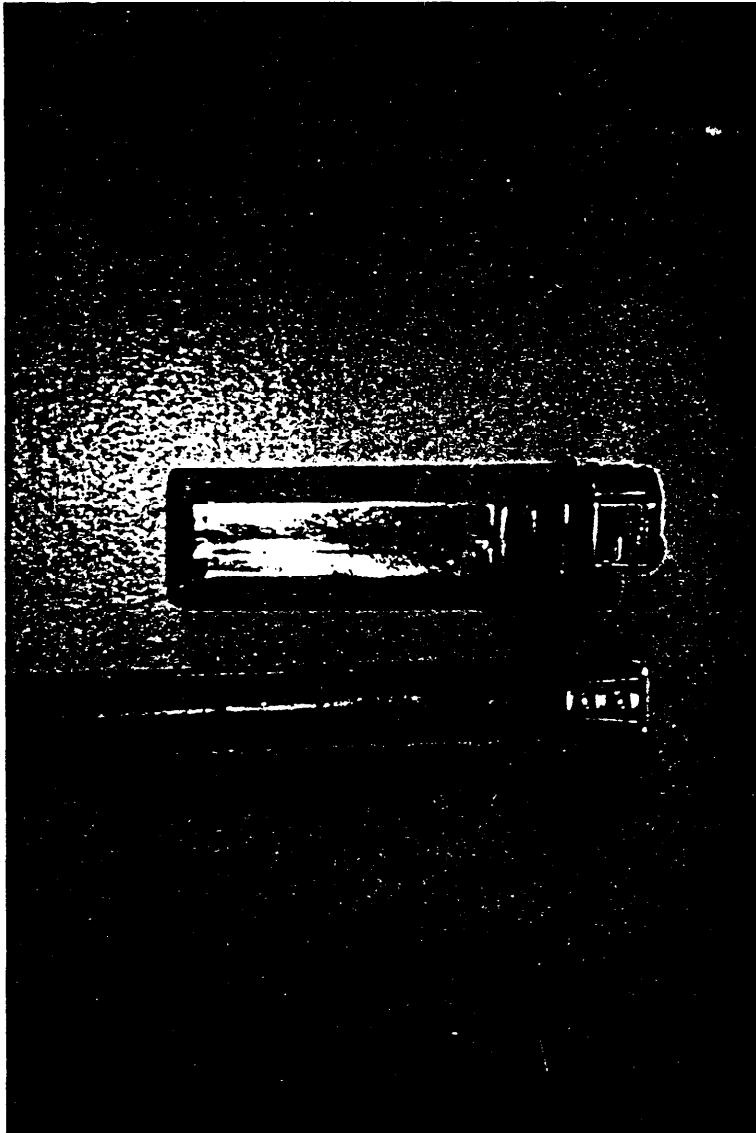
DALLAS SATELLITE OFFICE

PHOTO SHEET

LOCATION Chouteau, Oklahoma
DOCUMENT NO. C96750234
PRODUCT Cigarette Lighter
IDI# 960806CCC5448

960806CCC5448

ATTACHMENT 6
PRODUCT CIGARETTE LIGHTER



PICTURE

NO. 1
DESCRIPTION Photo of the cigarette lighter the three year old victim was suspected of playing with. It is suspected the victim ignited a sofa in the living room of the apartment. The lighter is labeled [REDACTED] on the metal hood and is not child proof. The lighter is in the possession of the attorney representing the family of the victim. The lighter is being sent to a firm who will test it for flare-up etc. The attorney feels the lighter is subject to the 11/17/95 recall of [REDACTED]

[REDACTED] (Release

#96-
024)

DALLAS SATELLITE OFFICE

PHOTO SHEET

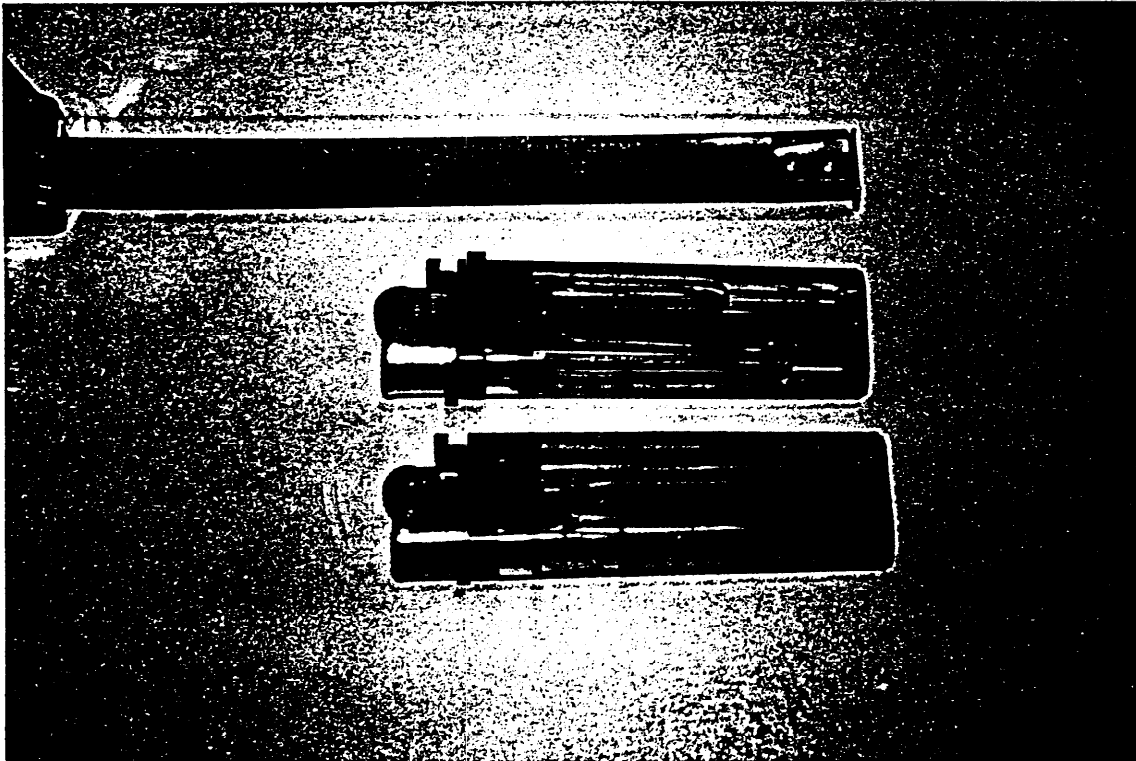
LOCATION Chouteau, Oklahoma
DOCUMENT NO. C96750234
PRODUCT Cigarette Lighter
IDI# 960806CCC5448

PICTURE

NO. 2

DESCRIPTION Photo shows the pink cigarette lighter suspected in the fatal fire lying beside another

lighter which is newer and child proof. The attorney purchased this new purple lighter for exhibit purposes etc. It was not found in the apartment where the fatal fire occurred.





INVESTIGATION GUIDELINE

TASK # 960806CCC5448
ATTACHMENT # 7
PRODUCT: CIGARETTE LIGHTER

Attachment A

DATA RECORDING SHEET FOR UPHOLSTERED FURNITURE FIRES (To be attached to CPSC Form 182, Epidemiologic Investigation Report along with a copy of the Fire Incident Report)

Task Number 960806CCC5448 Incident Date 6/6/96

A. PRODUCT DESCRIPTION: ☒ Sofa/Couch ☐ Chair ☐ Sofa bed ☐ Other _____

1. Was upholstered furniture slipcovered? ☐ Yes ☐ No ☒ Unknown

2. Had it been reupholstered? ☐ Yes ☐ No ☒ Unknown

3. Manufacturer/Distributor/Brand UNKNOWN

4. Purchased: ☐ New ☐ Used ☒ Unknown

If used, specify how obtained (e.g., garage sale, etc.) _____

5. Date Furniture Purchased: UNKNOWN Furniture Age UNKNOWN

6. Standard Certification Labeling; e.g., UFAC or California standard: (Copy)

UNKNOWN

B. POINT OF FIRE IGNITION ON FURNITURE: Describe where fire started on upholstered furniture.

☐ Skirt ☐ Seat cushion ☐ Inside back ☐ Inside arm

☐ Back ☒ Side ☐ Underside ☐ Crevice

☐ Welt Cord ☐ Tuft ☐ Other _____

C. AGE (IN YEARS) OF PERSON INVOLVED IN IGNITION (if appropriate): _____

☒ LT 5 yrs. old ☐ 5 - 14 ☐ 15 - 64 ☐ 65 +

D. PRODUCT INVOLVED AS HEAT SOURCE AND TYPE (Check):

☒ Lighter ☐ Match ☐ Candle ☐ Heater ☐ Fireplace

☐ Other (specify) _____

☐ Unknown



INVESTIGATION GUIDELINE

If lighter, specify type: ☐ Child-resistant ☒ Not child-resistant ☐ Unknown

If match, specify type: ☐ Book ☐ Box ☐ Unknown

If heater, specify fuel source and distance from furniture:

_____ Fuel source _____ Distance from furniture

E. DETECTION OF FIRE

7. Detector (smoke, heat, c.o., sprinkler) present?

☒ Yes ☒ No ☐ Unknown

If yes, specify type: UNKNOWN

8. Detector went off (alarmed)?

☒ Yes ☐ No ☐ Unknown

9. If no, do you know any reason why not; e.g., unpowered, fire too small, etc.?

10. About how soon was the fire discovered after it started? UNKNOWN

F. VICTIM(S)

1 Number of Deaths 1 Number of Injuries

G. Socio-Economic Data:

11. Education level of head of household: UNKNOWN

☐ Less than high school ☐ High school ☐ Some College

12. Total household income: UNKNOWN

☐ LT \$15,000 ☐ \$15,000 - \$34,999 ☐ \$35,000 +

13. Approximate home market value: UNKNOWN

☐ Rent ☐ Own UNKNOWN

General Description: Provide general description, including all other relevant factors and information on the investigation form.

TASK# 960806CCC5448 W

ATTACHMENT# 9

PRODUCT: CIGARETTE LIGHTER

ACCIDENT INVESTIGATION REQUEST FORM

2 C E T
OK

DOCUMENT NUMBER:

C94750234

DATE OF INCIDENT:

3/4/94

CATID: CARM07 1996

FOLLOW-UP REQUESTED

HAZARD ANALYSIS () CRM ()

TYPE FOLLOW-UP

TELEPHONE () ON-SITE (X)

HEADQUARTERS CONTACT:

Michael Bogumill 504-0400 x1368

Backup:

Bob Poth

504-0400 x1375

ASSIGNMENT MESSAGE: For any child playing with fire involving a cigarette lighter. Determine the model and manufacturer's name, type of lighter (refillable/disposable and fluid/butane), operating mechanism, age of child who operated the lighter, and accident scenario. Describe operating mechanism in detail and collect lighter, if possible.

The new regulation requiring disposable butane lighters and all novelty lighters to be child-resistant went into effect in July 1994.

Person(s) to Contact:

[REDACTED]

Guidelines: Appendix 45

Task Number:

Date:

960806CCC5448

Assigned to:

SF00

Requested by:

8/5/96

AUG 2 - 1996

FEITDS/KJ



STIPE LAW FIRM

Tene Stipe
Clyde Stipe
Eddie Harper
Anthony M. Laizure
Russell Uelton
Tony W. Edwards
James A. Belote

2417 E. Skelly Drive P.O. Box 701110
Tulsa, Oklahoma 74170-1110
(918) 749-0749 Fax (918) 747-0751

Rick Paynter
Cheryl Bisbee
John M. Thetford
Dori S. Blohm

ISSUE

ISSUE

44

C9675023

July 9, 1996

CPSC/OFC OF THE SECRETARY
FREEDOM OF INFORMATION
1996 JUL 15 A

United States Consumer Product Safety Commission
Washington, D.C. 20207

Re: Cigarette Lighter Recall --
Disposable Butane Lighters imported from China b

Dear Sir or Madam:

1604

Under the provisions of the Freedom of Information Act, 5 U.S.C. 552, I am requesting a complete copy of your files regarding the above-referenced matter. I am requesting this information as I represent clients whose child was in an accident involving a lighter. I have enclosed a copy of the Complaint for your review.

AM
3285

If there are any fees for searching for or copying the records I have requested, please inform me of the charge before filling the request.

As you know, the Act permits reduction or waiver of the fees when the release of the information is considered as "primarily benefiting the public." I believe this request fits that category and therefore respectfully request that you waive any applicable fees.

If all or any part of the request is denied, please cite the specific exemption(s) which you think justifies your refusal to release said information and inform me of your agency's administrative appeal procedures available to me under the law.

I look forward to hearing from you within 10 working days, as the law stipulates. Thank you for your cooperation.

900 506 000 3448

Sincerely,

Cheryl Bisbee

CB:tr
Enclosure

ol

4-607101
101

960806 CCC 5448

IN THE DISTRICT COURT IN AND FOR MAYES COUNTY
STATE OF OKLAHOMA

[REDACTED] and [REDACTED],
individually and as Parents of
[REDACTED] deceased,

Plaintiffs,

vs.

Case No.

POLY CITY INDUSTRIAL, LTD, a
foreign corporation; SHIRALDI
ENTERPRISES, INC. d/b/a WHOLESale
NOVELTIES; [REDACTED]
[REDACTED] INC.; [REDACTED]

INC., a California corporation;

[REDACTED], a
foreign corporation; TRI UNION USA,
INC. a/k/a Amicell/Triunion;
JIMMY YANG, individually and as
President of TRI UNION USA, INC.;
TAK CHI SHER, an individual;
JOHN DOE MANUFACTURER I; JOHN DOE
MANUFACTURER II; JOHN DOE RETAILER;
JOHN DOE IMPORTER; JOHN DOE
EXPORTER; JOHN DOE TRADING COMPANY;
and JOHN DOE DISTRIBUTOR I,

Defendants.

PETITION

COME NOW plaintiffs, [REDACTED] and [REDACTED]
individually and as Parents of [REDACTED], a deceased minor, and
state the following:

1. Plaintiffs are the parents of [REDACTED], a deceased minor.
2. Plaintiffs are residents of Mayes County, State of Oklahoma.
3. Poly City Industrial, Ltd. is a foreign corporation which designs and manufacturers disposable butane lighters which are distributed and sold in Mayes County, State of Oklahoma.
4. Shiraldi Enterprises, Inc. d/b/a Wholesale Novelties is a New York corporation who distributes and sells disposable butane lighters which are sold in Mayes County, State of Oklahoma.

5. [REDACTED] Inc. is a New York corporation which imports and distributes disposable butane lighters which are sold in Mayes County, State of Oklahoma.

6. Tri Union USA, Inc. a/k/a Amicell/Triunion is a corporation residing in a state other than Oklahoma which is the agent and trading company for the manufacturer(s) of a disposable butane lighters and causes said lighters which are distributed and sold in Mayes County, State of Oklahoma, to be imported, exported, traded, distributed and sold.

7. Jimmy Yang is an individual and the President of Tri Union USA, Inc.

8. China National Light Industrial Products Import & Export Corp. is a subsidiary of Tri Union USA, Inc. that exports disposable butane lighters from China which are distributed and sold in Mayes County, State of Oklahoma.

9. Young's Association, Inc. is a California corporation which imports and distributes disposable butane lighters which are sold in Mayes County, State of Oklahoma.

10. Tak Chi Sher is an individual who designs and causes to be manufactured disposable butane lighters which are sold in Mayes County, State of Oklahoma.

11. John Doe Manufacturer I is an unknown manufacturer which designs and manufacturers disposable butane lighters and/or component parts of disposable butane lighters which are distributed and sold in Mayes County, State of Oklahoma.

12. John Doe Manufacturer II is an unknown which designs and manufacturers disposable butane lighters and/or component parts of disposable butane lighters which are distributed and sold in Mayes County, State of Oklahoma.

13. John Doe Retailer I is an unknown retailer that regularly does business including the distribution and sale of disposable butane lighters in Mayes County, State of Oklahoma.

14. John Doe Importer I is an unknown importer which imports and distributes disposable butane lighters which are sold in Mayes County, State of Oklahoma.

15. John Doe Exporter I is an unknown exporter which exports and distributes disposable butane lighters which are sold in Mayes County, State of Oklahoma.

16. John Doe Trading Company I is an unknown company which causes disposable butane lighters to be imported, exported, traded, distributed and sold in Mayes County, State of Oklahoma.

17. John Doe Distributor I is an unknown distributor which distributes disposable butane lighters which are sold in Mayes County, State of Oklahoma.

18. That on or about June 6, 1994, [REDACTED], minor child of [REDACTED] and [REDACTED] died as a direct result of a defective [REDACTED] disposable butane lighter designed, manufactured, imported, exported, traded, distributed and/or sold by defendants.

19. The lighter was defective in both design and manufacture and as such was unreasonably dangerous to a person or persons who used, consumed, or might reasonably be expected to be affected by the lighter including the plaintiffs' minor child.

20. The lighter was defective at the time it was manufactured and sold to plaintiffs.

21. That the death of [REDACTED] was a direct result of the defect or defects in the lighter.

22. The defendants failed to adequately warn the ordinary user of precautions he or she must take and risk he or she was

exposed to in using the product. Pleading specifically in the alternative, any warnings given failed to communicate to users the extent and seriousness of the dangers involved in using [REDACTED] disposable butane lighters.

23. That defendants failed to adequately warn the ordinary user that the safety devices that prevent young children from igniting the lighters were defective and the lighters could be ignited without using the safety devices.

24. That the defendants were negligent in marketing [REDACTED] disposable butane lighters including, but not limited to the following particulars:

a. Failed to properly test the lighters to assure they would not malfunction;

b. Failed to require the manufacture of the lighters was in such a way as to assure that debris/foreign matter would not fall into the operating portions and related mechanisms of the lighters, thus impeding their operation which defendants knew or should have known would result in fires;

c. Failed to test the safety features in the design of the lighters which would have protected members of the public including plaintiffs' minor child;

d. Negligently failed to specify and/or require that the plastic used in manufacturing the lighter would include sufficient flame retardant materials so as to extinguish any burning of the plastic after a flame has been removed;

e. Failed to adopt sufficient quality control standards to assure defective lighters would be kept off the market;

f. Failed to adequately warn of known defects and dangers associated with the lighters in such a way as to reasonably be

assured the members of the public would read and heed such

assured the members of the public would read and heed such warnings;

g. Failed to correct defects which caused the lighters to continue to burn when they should have extinguished;

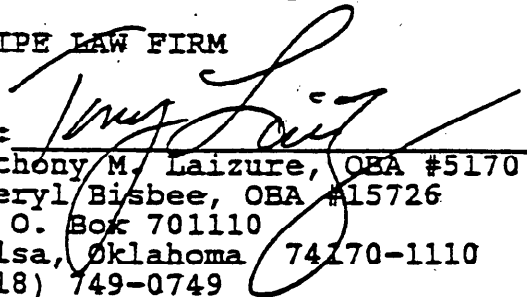
h. Failed to correct defects which caused the lighters to flare-up during use;

i. Failed to correct defects which enabled the lighters to ignite without using the safety devices that prevent children from igniting lighters.

That the conduct of the defendants in failing to warn users of the hazards involved, failure to correct defects in the lighters and willful failure to test "child resistant" lighters constitutes conduct of such an egregious nature, defendants should be punished by way of example.

WHEREFORE, Plaintiffs pray for judgment against the defendants, and each of them, in an amount in excess of \$10,000.00, punitive damages, court costs, pre-judgment and post-judgment interest at the statutory rate, and for such other and further relief as the Court may deem just and proper in the premises.

STIPE LAW FIRM

By: 
Anthony M. Laizure, OBA #5170
Cheryl Bisbee, OBA #15726
P. O. Box 701110
Tulsa, Oklahoma 74170-1110
(918) 749-0749

Attorney Lien Claimed
Jury Trial Demanded

CALLS TO LAWYERS

IDENTIFICATION C9675023

CITY/STATE Chotau, OK

DATE OF INCIDENT 3/6/94

TYPE OF INJURY FATAL

AGE/SEX 3/ MALE

SCENARIO (1 sentence) Victim playing with cigarette lighter, light flared up catching couch a fire and victim was unable to escape the apartment causing himself to burn in fire.

MANUFACTURER: POLY CITY, CHINA

DISTRIBUTOR: [REDACTED]

IMPORTED BY: YANG OR [REDACTED]



INVESTIGATION GUIDELINE

If lighter, specify type: ☐ Child-resistant ☐ Not child-resistant ☐ Unknown

If match, specify type: ☐ Book ☐ Box ☐ Unknown

If heater, specify fuel source and distance from furniture:

_____ Fuel source _____ Distance from furniture

E. DETECTION OF FIRE

7. Detector (smoke, heat, c.o., sprinkler) present?

☐ Yes ☐ No ☐ Unknown

If yes, specify type: _____

8. Detector went off (alarmed)?

☐ Yes ☐ No ☐ Unknown

9. If no, do you know any reason why not; e.g., unpowered, fire too small, etc.?

10. About how soon was the fire discovered after it started? _____

F. VICTIM(S)

_____ Number of Deaths _____ Number of Injuries

G. Socio-Economic Data:

11. Education level of head of household:

☐ Less than high school ☐ High school ☐ Some College

12. Total household income:

☐ LT \$15,000 ☐ \$15,000 - \$34,999 ☐ \$35,000 +

13. Approximate home market value: _____

☐ Rent ☐ Own

General Description: Provide general description, including all other relevant factors and information on the investigation form.

1. Was upholstered furniture slipcovered? ☐ Yes ☐ No ☐ Unknown

2. Had it been reupholstered? ☐ Yes ☐ No ☐ Unknown

3. Manufacturer/Distributor/Brand _____

4. Purchased: ☐ New ☐ Used ☐ Unknown

If used, specify how obtained (e.g., garage sale, etc.) _____

5. Date Furniture Purchased: _____ Furniture Age _____

6. Standard Certification Labeling; e.g., UFAC or California standard: (Copy) _____

B. **POINT OF FIRE IGNITION ON FURNITURE:** Describe where fire started on upholstered furniture.

☐ Skirt ☐ Seat cushion ☐ Inside back ☐ Inside arm

☐ Back ☐ Side ☐ Underside ☐ Crevice

☐ Welt Cord ☐ Tuft ☐ Other _____

C. **AGE (IN YEARS) OF PERSON INVOLVED IN IGNITION** (If appropriate): _____

ACCIDENT INVESTIGATION REQUEST FORM

Document Number N9675023A

Date of Incident 03/06/94 Category I.D. BUNN251996

Follow-Up Requested _____ Hazard Analysis X Section 15 _____

Type Follow-Up Requested _____ Telephone Call X On-Site _____

Headquarters Contact Kimberly Long (301) 504-0470 Ext 1289

Backup - Linda Smith (301) 504-0470 Ext. 1275

Assignment Message

Conduct as investigation of this case where a children playing with a lighter set fire to a couch.

Find out what part of the furniture ignited (if possible).

If the cigarette lighter is a child resistant lighter, collect sample.

Describe incident scenario; photograph and identify manufacturer, model number and brand name of all products involved.

Please obtain fire incident report, medical insurance, and any other report of incident.

Complete Attached Data Record Sheet.

Person(s) to Contact Chotau, OK Fire Department

Guideline Number 12 Upholstered Furniture Fires

Requested By Kimberly Long

Task Number 960806CC5448


Assigned to SFOO

Date _____

CPSC Form 324 (2/90)

BUNN25

26 DEC 1996

1. CASE NUMBER 960808HCC7360		2. INVESTIGATOR'S ID 8064		3. OFFICE CODE 800		EPIDEMIOLOGIC INVESTIGATION REPORT	
4. INCIDENT DATE YR MO DAY 96 06 29		5. DATE ID INITIATED YR MO DAY 96 09 18					
6. SYNOPSIS OF INCIDENT OR COMPLAINT Fire officials are of the opinion that a child was playing with matches which resulted in the ignition of a livingroom sofa. One child sustained minor burns and smoke inhalation. A second child sustained smoke inhalation. The residence where this fire occurred was destroyed by fire. Estimated fire loss is not reported.							
7. LOCATION Home/livingroom 10		8. CITY Tampa		9. STATE Fla		FL	
10A. FIRST PRODUCT Sofa (0679)		11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS Unknown					
10B. SECOND PRODUCT Matches (1731)		11B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS Unknown					
12. AGE OF VICTIM 012		13. SEX Male 1		14. DISPOSITION Treated & released. 1		15. INJURY DIAGNOSIS Burns/thermal 51	
16. BODY PART Back 31		17. RESPONDENT(S) Fire officials 3		18. INVESTIGATION TYPE Other 3		19. TIME SPENT 4.0	
20. ATTACHMENTS None 0		21. CASE SOURCE Newspaper 5		22. REVIEWED BY 8342		YR MO DAY 96 12 16	
23. PERMISSION TO DISCLOSE NAMES (NON-NEISS CASES ONLY) X CPSC MAY DISCLOSE MY NAME ___ CPSC MAY NOT DISCLOSE MY NAME X							
24. NARRATIVE (See Instructions on Page 2) See attached narrative.				25. REGIONAL DIRECTOR REVIEW  DATE 12/16/96			

Note:

The information contained in this report was confirmed by a fire official, however, records and/or reports which may provide specific accident and product data have not been provided by fire officials. Attempts to contact/interview the parent of the children involved in this fire incident have been unsuccessful.

Pre-Accident:

During the early morning hours of June 29, 1996, a mother of three boys (ages 12, 3 and 1) was preparing to leave for work and instructed her oldest son that he was in charge of caring for his younger brothers until her return.

The activities of the three children prior to this fire incident are not reported. The residence where this fire occurred is described as an older 2-bedroom wooden structure.

Accident:

Fire officials are of the opinion that prior to 7:00AM, one of the children began playing with matches which resulted in the ignition of the livingroom sofa.

Post-Accident:

At 7:00AM, the childrens mother telephoned from work only to be told by her oldest son that there was smoke in the house. As fire spread, it blocked all routes of escape except to a locked security door with iron bars which the children could not open.

Two men who happened to be walking by the house heard the children screaming for help and when they looked in a window, observed smoke and flames. Using an ax, these two men were able to shatter the lock on the security door and rescue the children.

The children were transported to a local hospital where they were treated and released. The 12 year old child was treated for minor burns to his back and smoke inhalation. The 3 year old child was treated for smoke inhalation. The 1 year old child sustained no injuries.

Fire destroyed the entire structure and its contents. The estimated loss caused by this fire was not reported.

Standards:

None reported.

Samples:

No samples were collected in support of this investigation.

Product Identification:

No identification on the sofa and matches involved in this fire was available for collection.

Exhibits:

1. Data recording sheet for upholstered furniture fires,
Attachment "A".



INVESTIGATION GUIDELINE

EXHIBIT #1 960808HCC7360

Attachment A

DATA RECORDING SHEET FOR UPHOLSTERED FURNITURE FIRES

(To be attached to CPSC Form 182, Epidemiologic Investigation Report along with a copy of the Fire Incident Report)

Task Number 960808HCC7360 Incident Date 6/29/96

A. PRODUCT DESCRIPTION: ☒ Sofa/Couch ☐ Chair ☐ Sofa bed ☐ Other _____

1. Was upholstered furniture slipcovered? ☐ Yes ☐ No ☒ Unknown

2. Had it been reupholstered? ☐ Yes ☐ No ☒ Unknown

3. Manufacturer/Distributor/Brand UNKNOWN.

4. Purchased: ☐ New ☐ Used ☒ Unknown

If used, specify how obtained (e.g., garage sale, etc.) _____

5. Date Furniture Purchased: UNK. Furniture Age UNK.

6. Standard Certification Labeling; e.g., UFAC or California standard: (Copy)

NONE REPORTED.

B. POINT OF FIRE IGNITION ON FURNITURE: Describe where fire started on upholstered furniture.

☐ Skirt ☐ Seat cushion ☐ Inside back ☐ Inside arm

☐ Back ☐ Side ☐ Underside ☐ Crevice

☐ Welt Cord ☐ Tuft ☒ Other UNKNOWN.

C. AGE (IN YEARS) OF PERSON INVOLVED IN IGNITION (if appropriate): UNKNOWN.

☐ LT 5 yrs. old ☐ 5 - 14 ☐ 15 - 64 ☐ 65 +

D. PRODUCT INVOLVED AS HEAT SOURCE AND TYPE (Check):

____ Lighter ☒ Match ____ Candle ____ Heater ____ Fireplace

____ Other (specify) _____

____ Unknown



INVESTIGATION GUIDELINE

960808HLL 7360

If lighter, specify type: ☐ Child-resistant ☐ Not child-resistant ☐ Unknown

If match, specify type: ☐ Book ☐ Box ☐ Unknown

If heater, specify fuel source and distance from furniture:

_____ Fuel source _____ Distance from furniture

E. DETECTION OF FIRE

7. Detector (smoke, heat, c.o., sprinkler) present?

☐ Yes ☐ No ☒ Unknown

If yes, specify type: _____

8. Detector went off (alarmed)?

☐ Yes ☐ No ☒ Unknown

9. If no, do you know any reason why not; e.g., unpowered, fire too small, etc.?

10. About how soon was the fire discovered after it started? IMMEDIATELY.

F. VICTIM(S)

0 Number of Deaths 2 Number of Injuries

G. Socio-Economic Data:

11. Education level of head of household: UNKNOWN.

☐ Less than high school ☐ High school ☐ Some College

12. Total household income: UNKNOWN.

☐ LT \$15,000 ☐ \$15,000 - \$34,999 ☐ \$35,000 +

13. Approximate home market value: UNKNOWN.

☐ Rent ☐ Own

General Description: Provide general description, including all other relevant factors and information on the investigation form.

Dick Lima
pl the 8/8/96
REC'D: 9/16/96 RDL

ACCIDENT INVESTIGATION REQUEST FORM

GPI
A. Bodini
8/20/96

Document Number 7 N960267A

Date of Incident 06/30/96 Category I.D. BUNN251996

Follow-Up Requested Hazard Analysis X Section 15

Type Follow-Up Requested Telephone Call X On-Site

Headquarters Contact Kimberly Long (301) 504 -0470 Ext 1269
Backup - Linda Smith (301) 504-0470 Ext. 1275

Assignment Message

Conduct as investigation of this case where a children playing with a lighter set fire to a couch. Determine if the age of the couch and, the couch was new or used, and any socioeconomic information.

Find out what part of the furniture ignited.

If the cigarette lighter is a child resistant lighter, collect sample.

Describe incident scenario; photograph and identify manufacturer, model number and brand name of all products involved.

Please obtain fire incident report, medical insurance, and any other report of incident.

Complete Attached Data Record Sheet.

Person(s) to Contact Tampa, FL Fire Department (Bill Wade) and victims

Guideline Number 19 Upholstered Furniture Fires

Requested By Kimberly Long

Task Number 960808HCC7360

Assigned to NYCO

Date 8/8/96 - J. Lansing

TAMPA TRIBUNE
DAILY - 408,000

JUN 30 1996

N967-
0267A

ISSUE 4

JUL 31 1996

TC-20

Page 1 of 2

3 children saved from house fire

By KEVIN WALKER
Tribune Staff Writer

760808HCC 1560

TAMPA — Inside the blazing house, three children begged for someone to save them. Outside, a fireman banged on the door with a garden hose, trying to break through.

The door wouldn't give. Then a burglar-baited up with her ax.

With the ax, the burglar broke open the door, and rescued the 12-year-old, 3-year-old and 1-year-old trapped inside the burning home at 3 p.m.

"It was all an act of God, as far as I'm concerned," said the burglar, a woman in her late 20s or early 30s, who said she felt out of luck.

Actually, it came from the living room.

72, bought the ax for protection, after her daughter made her get rid of a gun. She remembered it as she looked across the street early Saturday and heard her neighbor's children screaming from inside their burning house.

It was all an act of God as far as I'm concerned... It's like that ax fell out of the sky.

The oldest child, 12, had held his siblings close to him, shielding them from the flames that licked at his back. He was successful.

The family went to stay with relatives and could not be reached for comment.

The three children had been left at home Saturday morning



Anthony Knight and Danny Daniels look over the burglar-bait door they broke through with an ax during the rescue.

while their mother went to work. The blaze started when one of the children began playing with matches and set a sofa on fire, said Tampa Fire Capt. Bill Wade.

42, the child on fire, the child told his mother. The fire had blocked all routes of escape except for the back door.

See CHILDREN, Page 6



JAY CONNER/Tribune photos

A charred frame stands at [redacted] after fire engulfed it Saturday morning. [redacted] below, holds the ax she gave rescuers to break down the home's door.

Children rescued from blaze

■ From Page 1

[redacted], which had a security door with iron bars that the children could not open.

Fortunately, [redacted] had decided to skip a ride and walk to a friend's house Saturday morning, which took him past the [redacted] home.

"I heard kids yelling, 'Please get us out of here!'" [redacted] said. Daniels looked into the house and saw smoke and "flames just rolling."

"All I could think was, 'Oh Lord, Oh Lord, Oh Lord.'"

[redacted] found the children squatting down near the back door.

[redacted] was joined by [redacted] 49, of Orlando, who was in the neighborhood visiting friends.

Neither could get the door open. They tried a cinder block, but it shattered. The metal rake didn't work. Both grew more and more anxious as they listened to the children, Daniels said.

"They were right there in front



of the door, begging to get out," [redacted] said.

Then [redacted] showed up with her ax. [redacted] then [redacted] worked persistently at the door, striking it with the ax nearly 40 times before the lock shattered.

"We were able to get the door open enough to pull them out," [redacted] said. "Then we just ran." Seconds later, fire engulfed the entire house.

The blaze left only the shell standing.

20 NOV 1996

BUNN25

1. CASE NUMBER 960904HCC6315		2. INVESTIGATOR'S ID 8978		3. OFFICE CODE 800		EPIDEMIOLOGIC INVESTIGATION REPORT	
4. INCIDENT DATE R MO DAY 960625		DI INITIATED 960913		YR MO DAY			
6. SYNOPSIS OF INCIDENT OR COMPLAINT Two children, a 3 year old male and a 2 year old female, died as a result of an apartment fire. The children were left alone in the apartment. The official cause of the fire is undetermined, but it is suspected that the 3 year old male was playing with matches or a cigarette lighter, and caught a fabric-covered sofa on fire. <i>Unk ign/ source</i>							
7. LOCATION Home 10		8. CITY Cheraw		9. STATE South Carolina SC			
10A. FIRST PRODUCT Sofa 0679		1A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS Unk					
10B. SECOND PRODUCT Smoke Alarm 0702		11B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS Unk					
12. AGE OF VICTIM * 003		13. SEX Male 1		14. DISPOSITION Fatality 8		15. INJURY DIAGNOSIS Anoxia 65	
16. BODY PART All parts of body 85		17. RESPONDENT(S) Fire, Police, 3		18. INVESTIGATION TYPE Telephone 2		19. TIME SPENT 11	
20. ATTACHMENTS Multi 9		21. CASE SOURCE Newspaper 05		22. REVIEWED BY 8342		YR MO DAY 96 11 13	
23. PERMISSION TO DISCLOSE NAMES (NON-NEISS CASES ONLY) CPSC MAY DISCLOSE MY NAME ___ CPSC MAY NOT DISCLOSE MY NAME <u>X</u>							
24. NARRATIVE (See Instructions on Page 2) Victim 2 12. 002 13. Female 2 14. Fatality 8 15. Anoxia 65 16. All parts of body 85				25. REGIONAL DIRECTOR REVIEW <i>[Signature]</i> 11-15-96 DATE			
(USE ADDITIONAL SHEETS IF NECESSARY)							

NOTE: This limited investigation involved an apartment fire resulting in two fatalities. Investigating fire officials were unable to provide the official cause of the fire. Information in this report was provided by investigating fire and police officials.

PRE-ACCIDENT

On June 25, 1996, three occupants were present in the residence. The residence is described as a two story, brick apartment. The occupants of the residence were the two victims; a two year old female and a three year old male, and the 19 year old mother of the victims.

At about 5:00 p.m., the mother of the victims put the children in the bed for a nap. She left the residence, and went across a field to visit someone.

ACCIDENT

Sometime later, the mother noticed smoke coming from the apartment.

POST ACCIDENT

Fire and police officials were notified. Investigating police officials were the first to arrive on the scene. The victim's mother told them that her two children were in the burning apartment. Fire officials arrived and entered the apartment. The three year old male victim was found already dead, downstairs in the den area. The two year old female victim was found upstairs in the bedroom area and transported to the hospital. She died shortly after being taken to the hospital from burns and smoke inhalation.

Investigating fire officials provided limited information about the incident and the products involved. A search for the cigarette lighter or matches involved in the incident was unsuccessful. The fabric couch was destroyed in the incident. The apartment was destroyed in the fire, with damages estimated at \$10,000. There was a smoke detector in the residence, but whether it alarmed was unreported. There was no telephone listing for the occupant, and no response to written correspondence. The grandmother of the victims was contacted, but could not provide any additional information.

The fire report is included as Attachment 1. The police report is included as Attachment 2. The Data Recording Sheet for Upholstered Furniture Fires is included as Attachment 3.

CHERAW FIRE DEPARTMENT
12 CHESTERFIELD HIGHWAY
CHERAW, SOUTH CAROLINA 29520

MEMORANDUM

TO: HELEN T. CASH
PRODUCT SAFETY INVESTIGATOR

DATE: 10/11/96

FROM: DONALD J. BAKER
FIRE CHIEF

SUBJECT: FIRE INCIDENT AT [REDACTED],
CHERAW, SC, ON 06/25/96

THE INVESTIGATORS IN THIS INCIDENT, THROUGH INTERVIEWS
AND SCENE OBSERVATIONS, HAD THE USE OF A LIGHTER OR
MATCHES BY A CHILD HIGH ON THEIR LIST OF POSSIBLE CAUSES.

BECAUSE THEY WERE UNABLE TO ACTUALLY FIND REMAINS OF A
LIGHTER OR MATCHES IN THE AREA OF ORIGIN, THE OFFICIAL
CAUSE OF THIS FIRE IS UNDETERMINED.

NO FURTHER INFORMATION IS AVAILABLE AT THIS TIME.

ATTACHMENT 1
960904 HCC 6315
8978 1 OF 3

 !CHERAW FIRE DEPARTMENT - INCIDENT REPORT:

AREA: TOWN	!SMOKE ALARM: YES	!INCIDENT#: FA-026	
DATE: 06/25/96	!MONTH: JUNE	!TIME OUT: 17:46	
		!TIME IN : 19:30	
OWNER: HOUSING AUTHORITY	!LOCATION: [REDACTED]		
REPORTED BY: BARBARA BROWN			
TYPE: STRUCTURE (DWELLING)	CATEGORY: P. STRUCTURE		
CAUSE: UNDETERMINED			
DAMAGE: \$10000.00			
ENGINES RESPONDED: #18, #20, #16			
ENGINES USED: #18, #20, #16			
EQUIPMENT USED: SCBA, LADDERS, PPV FAN, HOOLIGAN, AXE, GENERATOR, LIGHTS			
HOSE USED: 2.5" SUPPLY, 2-1.5", 1.1" LINES			
HYDRANT: [REDACTED]	!CONSTRUCTION: TWO STORY MASONRY		
FIREMEN RESPONDED	ON CALL: 23	!FULLTIME: 2	!CHIEF: !TOTAL: 25
PERSONS INJURED: [REDACTED], [REDACTED]			
FIREFIGHTERS INJURED: ERIC TAYLOR			
LENGTH OF TIME OUT: 1:44		!DAY OF WEEK: TUESDAY	
FULLTIME ON DUTY: MELTON, III - HUTSON			
DRIVERS	!#18: MELTON, III	!#20: HUTSON	!#14:
!#16: TAYLOR	!#11:	!#13:	!#15:

REMARKS:

ATTACHMENT 1
 960904HCC 6315
 8978 2 OF 3

CHERAW FIRE DEPARTMENT - SUPPLEMENTAL REPORT:

INCIDENT#: FA-026	DATE: 06/25/96	LOCATION: [REDACTED]
SITUATION FOUND: STRUCTURE FIRE		
ACTION TAKEN: RESCUE AND EXTINGUISHMENT		
PROPERTY USE: DWELLING	IGNITION FACTOR: UNDETERMINED	
AREA OF ORIGIN: LIVING ROOM		
LEVEL OF ORIGIN: GROUND		
EQUIPMENT INVOLVED: NONE		
TYPE OF MATERIAL: NORMAL COMBUSTIBLES		
METHOD OF EXTINGUISHMENT: PRE-CONNECT 1.5" LINES		
CONSTRUCTION TYPE: V		
EXTENT OF FIRE DAMAGE: CONFINED TO ROOM OF ORIGIN		
FACTORS OF FIRE SPREAD: NORMAL		
WATER SUPPLY: GOOD	FORCIBLE ENTRY: NO	
VENTILATION: YES	TEMP: 87	WIND DIR: MPH:
INJURIES TYPE: SMOKE INHALATION		
NAME: ERIC TAYLOR	ADDRESS: CHERAW FIRE DEPARTMENT	
NAME:	ADDRESS:	
FATALITY NAME: [REDACTED]		
ADDRESS: [REDACTED] CHERAW, SC		
MUTUAL AID AGENCIES: CHERAW POLICE, RESCUE - CC CORONER, SLED		

ATTACHMENT 1
 960904HCC 6315
 8978 3 OF 3

AGENCY I.D.
SCO 130100

INCIDENT REPORT

960773

INQ. ENDO.

INCIDENT TYPE		WARRANT	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. Homicide by Child Abuse			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Apartment		<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc. Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)						ZIP CODE	WEAPON TYPE
[REDACTED] Dr. Cheraw SC						29520	
INCIDENT DATE		24 HR. CLOCK	DATE	24 HR. CLOCK	DISPATCH DATE/TIME	24 HR. CLOCK	LOCATION NO.
6-25-96		1746			6-25-96	1746	1850
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH.
[REDACTED]		#1 [REDACTED]	J S O U	B	F	19	N
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.		
[REDACTED]		Cheraw	SC	29520	D		
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH.
[REDACTED]		CH	J S O U	B	M	3	N
HEIGHT		WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
3'11		70	Blk	Bru			
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.		
[REDACTED]		Cheraw	SC	29520	D		
VISIBLE INJURY (NCT. 1) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN		dead					
VICTIM (NO. 1) USING: ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> TYPE:							
TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/PLASNT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED <input type="checkbox"/>		* J - This Jurisdiction. S - State. O - Out of State. U - Unknown					
X SUSPECT		NAME (LAST, FIRST, MIDDLE)	RACE	SEX	AGE	ETH.	DATE OF BIRTH
[REDACTED]		[REDACTED]	B	F	19	N	6-16-77
[REDACTED]		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					
[REDACTED]		ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.	
[REDACTED]		[REDACTED]	Cheraw	SC	29520	D	
[REDACTED]		SUBJECT (NO. 1) USING: ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	DATE/TIME OF OFFENSE				
[REDACTED]		DRUGS <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> TYPE:	DATE/TIME OF ARREST				
[REDACTED]		TOTAL # ARRESTED	6-25-96 1746 6-26-96 1545				
NARRATIVE							
Received a call from Dispatch That The Fire- Department was answering a call at Above location Upon arrival, Reporting Officer & PFC Just ask the Complainant was there anyone in the Apartment That was on fire, she responded that Two small Kids belonging to her was in the Apartment. Reporting Officer open The Front Door of the Apartment After call into headquarters That Kids was in the Apartment, have help arrive quickly Once The Door was open to the Apartment I didn't see no way I could go							
TYPE (GROUP)		TOTAL VALUE					
STOLEN							
DAMAGED							
BURNED							
RECOVERED							
SEIZED							
SUBJECT IDENTIFIED		SUBJECT LOCATED		<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED <input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>				<input checked="" type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER	
REASON FOR DISPOSITIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH. 2. <input type="checkbox"/> NO PROSECUTION. 3. <input type="checkbox"/> EXTRADITION DENIED. 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION. 5. <input type="checkbox"/> JUVENILE - NO CUSTODY							
REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER
Wright-Bobby		6-25-96	9-13				
FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		OFFICER		ATTACHMENT 2			

960904HCC 6315
8978 1 OF 2

Y.I.D.
130100

SUPPLEMENTAL INCIDENT REPORT

CASE NUMBER

NCIC

NO. ENTD.

960773

☒ ORIGINAL
REPORT

☐ MOODIES
ORIGINAL

☐ SUPPLEMENTAL
REPORT

☐ CASE STATUS
CHANGE

☐ ADDITIONAL
VICTIMS

☐ ADDITIONAL
OFFENDERS

☐ ADDITIONAL
STOLEN PROPERTY

☐ ADDITIONAL
RECOVERED PROPERTY

PAGE 2.2 PAGES

VICT/SUBJ. I.D. OVERFLOW	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST, MIDDLE)		VICTIM RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH
	<input checked="" type="checkbox"/> VICTIM #	[REDACTED]		#1 CH #2 #3			JSSU	B	F	2	9/29/81	N
	<input type="checkbox"/> SUBJECT #	[REDACTED]		CLOTHING, PHYSICAL PECUMIARITIES, ETC.								
	<input type="checkbox"/> RUNAWAY	3 60 RIX BRN										
	<input type="checkbox"/> WANTED	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE	EVENING PHONE			
	<input type="checkbox"/> WARRANT	[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]				
	<input type="checkbox"/> ARREST	VICTIM NO. 2 VISIBLE INJURY: <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES		COMPLAINT OF NON-VISIBLE INJURIES: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		VICTIM USING ALCOHOL: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK		TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE/PLASMT. <input type="checkbox"/> ALONE				
	<input type="checkbox"/> JAIL	EXPLAIN: Dead				DRUGS: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES TYPE: <input type="checkbox"/> UNK		ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> ASSISTED				
	<input type="checkbox"/> SUMMONS	<input type="checkbox"/> SUBJECT NO. USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES										
	<input type="checkbox"/>	USING DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES → TYPE:				<input type="checkbox"/> UNK						

— IN that way so myself and Just went to the back. The back door was lock as I pulled on it, also the back was worse than the front. The Fire Department arrived and we told them that kids were in the apartment and the neighbor next door said she heard them up stairs. victim two was found upstairs and rush to the hospital and victim one was found down stair dead. victim 2 was pronounced dead later that evening.

VEN/GUN/ETC. 1	STATUS	TYPE	VIN AND/OR LICENSE NO.	BOAT HULL NO. AND/OR REG. NO.	
	<input type="checkbox"/> STOLEN	<input type="checkbox"/> VEHICLE	SERIAL AND/OR OWNER APPLIED NO.	STATE	
	<input type="checkbox"/> RECOVERED	<input type="checkbox"/> GUN	YEAR OF REGISTRATION	YEAR OF EXPIRATION	YEAR
	<input type="checkbox"/> FOUND	<input type="checkbox"/> BOAT	MODEL	STYLE	COLOR
	<input type="checkbox"/> TOWED	<input type="checkbox"/> LICENSE PLATE	NCIC NO.	DENOMINATION	ISSUER
	<input type="checkbox"/> SUSPECT	<input type="checkbox"/> SECURITIES/BONDS, STOCKS	SECURITIES DATE		
	<input type="checkbox"/> VICTIM	<input type="checkbox"/> ARTICLE	MISCELLANEOUS		

TYPE (GROUP)					TOTAL VALUE
STOLEN					
DAMAGED					
BURNED					
RECOVERED					
SEIZED					

SUBJECT IDENTIFIED	SUBJECT LOCATED	<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> APPREHENDED UNDER 18	<input type="checkbox"/> EX-CLEAR UNDER 18
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED	<input checked="" type="checkbox"/> APPREHENDED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 18 AND OVER
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH. 2. <input type="checkbox"/> NO PROSECUTION.	3. <input type="checkbox"/> EXTRADITION DENIED.	4. <input type="checkbox"/> VICTIM DECLINES COOPERATION.	5. <input type="checkbox"/> JUVENILE - NO CUSTODY	
REPORTING OFFICER	DATE	UNIT NUMBER	APPROVING OFFICER	DATE
Wright - P. 100	6-25-96	913	ATTACHMENT 2	

FOLLOW-UP INVESTIGATION ☐ YES ☐ NO

OFFICER

960904HCC 6315
8978 2 OF 2



INVESTIGATION GUIDELINE

Attachment A

DATA RECORDING SHEET FOR UPHOLSTERED FURNITURE FIRES

(To be attached to CPSC Form 182, Epidemiologic Investigation Report along with a copy of the Fire Incident Report)

Task Number 960904HCC6315 Incident Date 6/25/96

A. **PRODUCT DESCRIPTION:** ☒ Sofa/Couch ☐ Chair ☐ Sofa bed ☐ Other _____

1. Was upholstered furniture slipcovered? ☐ Yes ☐ No ☒ Unknown

2. Had it been reupholstered? ☐ Yes ☐ No ☒ Unknown

3. Manufacturer/Distributor/Brand UNK

4. Purchased: ☐ New ☐ Used ☒ Unknown

If used, specify how obtained (e.g., garage sale, etc.) _____

5. Date Furniture Purchased: UNK Furniture Age _____

6. Standard Certification Labeling; e.g., UFAC or California standard: (Copy)

UNK

B. **POINT OF FIRE IGNITION ON FURNITURE:** Describe where fire started on upholstered furniture.

☐ Skirt ☒ Seat cushion ☐ Inside back ☐ Inside arm

☐ Back ☐ Side ☐ Underside ☐ Crevice

☐ Wok Cord ☐ Tuft ☐ Other _____

C. **AGE (IN YEARS) OF PERSON INVOLVED IN IGNITION** (if appropriate): _____

☒ LT 5 yrs. old ☐ 5 - 14 ☐ 15 - 64 ☐ 65 +

D. **PRODUCT INVOLVED AS HEAT SOURCE AND TYPE** (Check):

____ Lighter ____ Match ____ Candle ____ Heater ____ Fireplace

____ Other (specify) _____

☒ Unknown

ATTACHMENT 3
960904HCC6315
8978 1 OF 2



INVESTIGATION GUIDELINE

If lighter, specify type: ☐ Child-resistant ☐ Not child-resistant ☐ Unknown

If match, specify type: ☐ Book ☐ Box ☐ Unknown

If heater, specify fuel source and distance from furniture:

_____ Fuel source _____ Distance from furniture

E. DETECTION OF FIRE

7. Detector (smoke, heat, c.s., sprinkler) present?

☒ Yes ☐ No ☐ Unknown

If yes, specify type: SMOKE

8. Detector went off (alarmed)?

☒ Yes ☐ No ☐ Unknown

9. If no, do you know any reason why not; e.g., unpowered, fire too small, etc.?

10. About how soon was the fire discovered after it started? UNK

F. VICTIMS

2 Number of Deaths _____ Number of Injuries

G. Socio-Economic Data:

11. Education level of head of household: UNK

☐ Less than high school ☐ High school ☐ Some College

12. Total household income: UNK

☐ LT \$15,000 ☐ \$15,000 - \$34,999 ☐ \$35,000 +

13. Approximate home market value: UNK

☐ Rent ☐ Own

General Description: Provide general description, including all other relevant factors and information on the investigation form.

ATTACHMENT 3
960904Hce6315
8978 2 of 2

Helen Cash plf

MS 9/9/86

GPV

B. J. J.

9/9/86

ACCIDENT INVESTIGATION REQUEST FORM

Document Number N9680127A

Date of Incident 06/25/96 Category I.D. BUNN251996

Follow-Up Requested Hazard Analysis X Section 15

Type Follow-Up Requested Telephone Call X On-Site

Headquarters Contact Kimberly Long (301) 504 -0470 Ext 1269
Backup - Linda Smith (301) 504-0470 Ext. 1275

Assignment Message

Conduct as investigation of this case where a children playing with a lighter set fire to a couch. Determine if the age of the couch and the couch was new or used, if possible.

Find out what part of the furniture ignited.

If the cigarette lighter is a child resistant lighter, collect sample.

Describe incident scenario; photograph and identify manufacturer, model number and brand name of all products involved.

Please obtain fire incident report, medical insurance, and any other report of incident.

Complete Attached Data Record Sheet.

Person(s) to Contact Fire Department and victims

Guideline Number 19 Upholstered Furniture Fires

Requested By Kimberly Long

Task Number 960904 HCC 4315

Assigned to NYCO

Date 9-4-96

missed. She was away for 15 to 30 minutes when she noticed smoke coming from her apartment.

Cottingham then asked how the fire started.

Thomas said investigators believe [redacted] was playing with a lighter near a couch and set it on fire.

Cheraw Police Chief J.A. Graves said last week that investigators have ruled out an electrical fire, and know that the fire

started in the den, so the boy lying near the lighter is the best theory they have.

"We sent some materials down to the State Law Enforcement Division for testing, and that takes some time," Graves said.

"So there's no indication this was intentionally set?" Cottingham asked Thomas at the hearing.

Thomas said no. "The reason for the charges is she showed neglect."

[redacted] admits

[redacted] died of burns and smoke inhalation, shortly after she was taken to Chesterfield General Hospital. [redacted] was found already dead inside the two-story apartment.

Thomas said that [redacted] would be staying with her mother if she was released, and that the Cheraw Police did not object to a personal recognizance bond, which meant she was released until her trial without paying any bond.

Thomas told Fourth Circuit Judge Edward Cottingham of Bennettsville that [redacted] had given a "complete" statement and was cooperating with investigators.

"She said she laid the children in the bed for a nap and went across the field to visit someone," he said. "She said the children usually slept for an hour, and she just wanted to get outside for a few min-

utes. She doesn't have perfect parenting skills," Cheraw lawyer Pat Rivers told Cottingham. "She had her first child when she was 15."

"She's been crying non-stop since we came over here," Rivers said before the hearing. "We've been here since 9 o'clock."

The hearing didn't start until about 11:30 a.m.

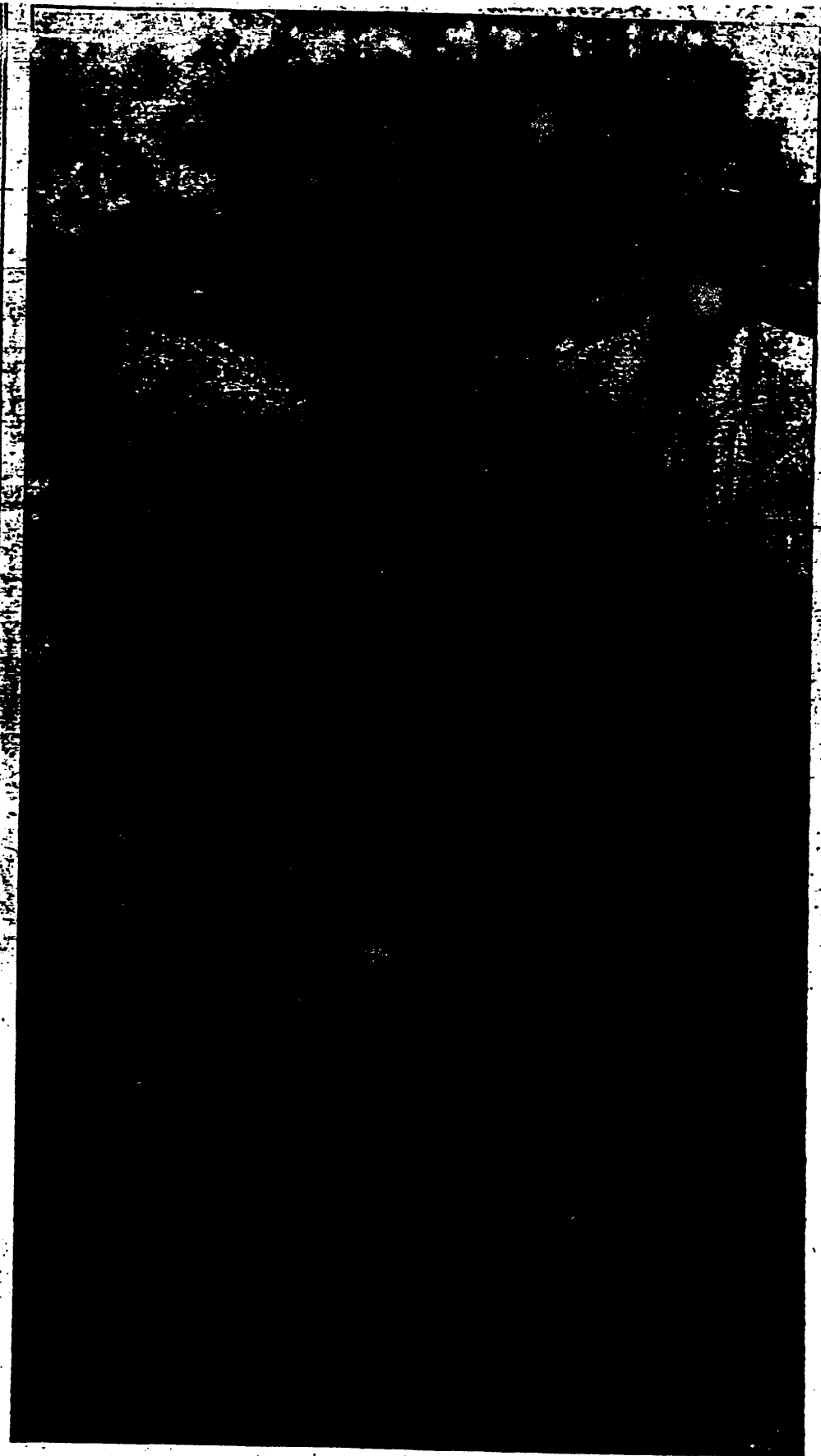
[redacted] sat looking down at the floor, her arms crossed, her chin resting on one hand, and her legs crossed, kicking her right leg up and down nervously before Cottingham began the bond hearing.

[redacted] answered one question Rivers asked before the hearing.

"Did you lose everything you had in the fire," Rivers said.

"Yes."

960904HCC 6315



Rescue worker Misty McCormick supports [REDACTED] as she learns the fate of two of her grandchildren who died in last Tuesday's fire. Mardy Jackson/Staff

N968-0127A

CHRONICLE
CHERAW, S.C.

AUG 27 1996

JUL 4 96

Police charge mother with homicide Children were by themselves when fatal fire started

By Stephen Guilfoyle
Cheraw Staff

Cheraw Police don't believe [redacted] meant for her children to die in the fire [redacted] last week.

But the 19-year-old left her children alone, so she is now charged with two counts of homicide by child abuse.

[redacted] was questioned and arrested on Wednesday, the day after the June 25 fire

that killed her two babies. She was held overnight at the Chesterfield County Detention Center, then released without paying a bond after a Thursday hearing in Bennettsville.

Cheraw Detective Keith Thomas said [redacted] is a lifelong resident of Cheraw and not likely to leave because she had to bury her 3-year-old son [redacted]

[redacted] and her 2-year-old daughter, [redacted]



They were buried [redacted] in court June 27 on Sunday.

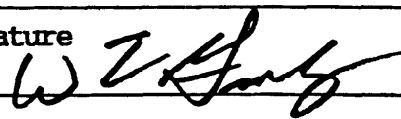
TC-20
(15)

960904 HCC 6315

Page 1 of 3

EPIDEMIOLOGIC
INVESTIGATION
REPORT

APPROVED FOR USE THROUGH 5/31/94 OMB NO. 3041-0029

FIELD ACTIVITY COVERSHEET				8 NOV 1996
1 Region/State FOCR/ATL-SO	2 Operation (Check one) <input type="checkbox"/> Inspection <input type="checkbox"/> Establishment visit <input type="checkbox"/> Telephone contact <input checked="" type="checkbox"/> Investigation <input type="checkbox"/> Other _____		3 Date 9/30/96 4 Number 960925HCN1873	
5 Establishment Name _____ Address _____ City _____ Telephone _____				
6 Related firm <input type="checkbox"/> Parent <input type="checkbox"/> Headquarters <input type="checkbox"/> Subsidiary <input type="checkbox"/> Other Name _____ City _____ State _____				
7 Products covered upholstered chair _____			8 Other consumer products cigarette lighter _____	
9 Establishment Type unknown <input checked="" type="checkbox"/> Manufacturer <input type="checkbox"/> Importer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Own label distributor <input type="checkbox"/> Retailer <input type="checkbox"/> Repackager <input type="checkbox"/> Other _____			10 Annual production N/A Product covered \$ _____ units Other products \$ _____ units	
11 IS business N/A % received _____ % shipped _____	12 Samples collected none	13 MIS code 12165	14 Hours Activity 8 Travel 0	
15 Reason for activity Assignment 960925HCN1873 to conduct IDI as follow-up to a fire in Conyers, Georgia, involving a child playing with a cigarette lighter causing an upholstered chair to ignite.				
16 Announced _____ (Rationale for announced inspection) Unannounced _____				
17 Employee's Name Jimmie L. Barrett		Title Product Safety Investigator	Signature date _____	
18 <input type="checkbox"/> Endorsement <input type="checkbox"/> Remarks <input type="checkbox"/> Summary <input type="checkbox"/> Other _____ While playing with a disposable butane lighter, a 4 year old male ignited an upholstered chair. The ensuing fire caused moderate smoke and fire damages to the living room of a home. Both the lighter and chair had been discarded prior to this IDI. F/U: None - HQ Project.				
19 Reviewer's Name William E. Gentry		Title Supervisory Investigator	Signature 	
20 Review Date 11/1/96		21 Distribution O: EADS, C: FOCR(IDI), FOER, CCM(MB), CS: BG, RF, JLB		

An on-site was not conducted at a home in Conyers, Georgia, where a fire originated in an upholstered chair as the result of a 4 year old male playing with a cigarette lighter. No injuries were involved.

Information in this report was provided by the mother of the 4 year old who was playing with the cigarette lighter (hereinafter referred to as respondent #1) the grandmother of the 4 year old who rents the home where the incident occurred (hereinafter referred to as respondent #2) and a captain with the fire department.

According to all respondents, the chair involved in this incident was destroyed in the fire. Respondent #2 indicated the chair was put out for the trash people to pick up. The captain with the fire department stated the cigarette lighter the child used to ignite the chair with was picked up by the fire department at the time of the incident but they did not keep it as evidence because they did not consider arson to be involved. For these reasons, an on-site was not conducted and no samples were collected.

PRE-ACCIDENT:

According to respondent #1, she and her children live with respondent #2 who is her mother. She stated that on the day of this incident, her mother (respondent #2) was home with a male friend and she was also keeping her 4 year old son at the time. Respondent #1 identified the male friend as being approximately 41 years of age.

According to respondent #2, respondent #1 has 3 children, a 4 year old, an 18 month and a 2 month old. Respondent #2 stated that on the day of this incident she got home from work at approximately 7:30 p.m.. She stated that at approximately 10:00 p.m. she went to the bedroom where she laid down across the bed and fell asleep. She stated she had a cigarette lighter and cigarette on the night stand in her bedroom. She also indicated when she laid down, the 4 year old was in the room with her. She stated her male friend was in another bedroom. Respondent #1 described the home as being a 3 bedroom, living room and kitchen with 1-1/2 baths.

According to respondent #2, while she was laying down, her 4 year old grandson got her cigarette lighter from the night stand beside her bed, went to the living room where there was an upholstered chair and sat the chair on fire with the lighter.

Set

According to respondent #2, there were no unusual circumstances occurring and no one was under the influence of drugs or alcohol. However, the captain with the fire department indicated that at the time of the incident the older adult male, who was identified as the friend of respondent #2, appeared to be drinking (amount unknown).

ACCIDENT:

On 8/9/96, at approximately 10:30 p.m. - 11:00 p.m. a fire originated in an upholstered chair in the living room of a home in Conyers, Georgia, as the result of a 4 year old male playing with a cigarette lighter. According to the captain with the fire department, there was also an area of the carpet (approximately 6 to 8 inches in diameter) which ignited in the area where the chair was sitting. He stated it is believed that the butane came out of the lighter and the lighter got hot and melted because the lighter was stuck to the carpet when they arrived on the scene. No injuries were involved and no medical attention was provided, according to respondent #1.

The attached Exhibit 1 report received from the fire department indicates in part "Revealed small child was playing with a lighter & set chair on fire. Homeowner took chair outside & sustain Minor Burns. EMS treated on scene. Everyone was out on our Arrival - Carpet, Curtains, & smoke damage was thru-out structure."

Respondent #2 stated that after the 4 year old set the chair on fire, he went into another bedroom where her male friend was and told him that the chair was on fire. She stated that her male friend then went to the living room, screamed for her and she woke up when she heard him calling her. She stated she also heard the smoke alarm. Respondent #1 indicated there was a smoke detector in the ceiling at the end of the hall. Respondent #2 stated her male friend took the chair outside where it was later picked up by the trash people. Respondent #1 stated she was not home at the time but when she arrived on the scene the fire and police personnel were on the scene. A copy of the police report is attached as Exhibit 3 Personnel at the police department stated this is the only report that was prepared.

The captain with the fire department indicated when the fire personnel arrived on the scene, the upholstered chair was outside but it was totally charred. He indicated the cigarette lighter was found stuck to the carpet laying beside where the chair had been sitting. He stated the battalion chief interviewed the child who admitted he had been playing with the cigarette lighter when the fire originated.

PRODUCT INFORMATION:

One of the products involved was described by respondent #1, #2 and the captain with the fire department as being an upholstered chair. The captain indicated it was an upholstered chair with wooden arms. Respondent #2 stated her sister gave it to her approximately 1 year prior to the time of this incident and her sister had the chair approximately 2 years prior to this time. She stated the chair was purchased new approximately 1994 from Walker and Owen or Trading Center, Conyers, Georgia. She stated the upholstered chair had not been slip covered nor had it been reupholstered. She identified the chair as a [REDACTED] The address for the manufacturer was obtained from The Trade Names Dictionary as being [REDACTED]

According to respondent #2, the cigarette lighter involved in this incident is a Cricket child proof lighter. She had no other information to provide about the lighter other than indicating she thought it was taken from the scene by the fire department. The captain with the fire department stated they picked up the cigarette lighter but to his knowledge did not keep it as evidence because they did not consider it to be arson.

Respondent #1 indicated the carpet which was burned was new carpet. However, none of the respondents were able to provide manufacturing information for the carpet.

ATTACHMENTS:

- Exhibit 1 - Fire Report received from fire department.
- 2 - DATA RECORDING SHEET FOR UPHOLSTERED FURNITURE FIRES.
- 3 - Police Report.



INVESTIGATION GUIDELINE

Attachment A

DATA RECORDING SHEET FOR UPHOLSTERED FURNITURE FIRES

(To be attached to CPSC Form 182, Epidemiologic Investigation Report along with a copy of the Fire Incident Report)

Task Number 960925 HCN1873 Incident Date 8/9/96

A. PRODUCT DESCRIPTION: ☐ Sofa/Couch ☒ Chair ☐ Sofa bed ☐ Other _____

1. Was upholstered furniture slipcovered? ☐ Yes ☒ No ☐ Unknown

2. Had it been reupholstered? ☐ Yes ☒ No ☐ Unknown

3. Manufacturer/Distributor/Brand _____

4. Purchased: ☐ New ☒ Used ☐ Unknown

If used, specify how obtained (e.g., garage sale, etc.) _____

5. Date Furniture Purchased: Approx. 1994 Furniture Age 3 yrs. (Approx.)

6. Standard Certification Labeling: e.g., UFAC or California standard: (Copy)

unknown

B. POINT OF FIRE IGNITION ON FURNITURE: Describe where fire started on upholstered furniture.

☐ Skirt ☒ Seat cushion ☐ Inside back ☐ Inside arm

☐ Back ☐ Side ☐ Underside ☐ Crevice

☐ Welt Cord ☐ Tuft ☐ Other _____

C. AGE (IN YEARS) OF PERSON INVOLVED IN IGNITION (if appropriate): _____

☒ LT 5 yrs. old ☐ 5 - 14 ☐ 15 - 64 ☐ 65 +

D. PRODUCT INVOLVED AS HEAT SOURCE AND TYPE (Check):

☒ Lighter ☐ Match ☐ Candle ☐ Heater ☐ Fireplace

☐ Other (specify) _____

☐ Unknown



INVESTIGATION GUIDELINE

960925HCN 1873

If lighter, specify type:

☒ Child-resistant

☐ Not child-resistant

☐ Unknown

If match, specify type:

☐ Book

☐ Box

☐ Unknown

If heater, specify fuel source and distance from furniture:

_____ Fuel source

_____ Distance from furniture

E. DETECTION OF FIRE

7. Detector (smoke, heat, c.o., sprinkler) present?

☒ Yes

☐ No

☐ Unknown

If yes, specify type:

battery operated

8. Detector went off (alarmed)?

☒ Yes

☐ No

☐ Unknown

9. If no, do you know any reason why not; e.g., unpowered, fire too small, etc.?

10. About how soon was the fire discovered after it started?

immediately

F. VICTIM(S)

_____ Number of Deaths

_____ Number of Injuries

G. Socio-Economic Data:

11. Education level of head of household:

☒ Less than high school

☐ High school

☐ Some College

12. Total household income:

☒ LT \$15,000

☐ \$15,000 - \$34,999

☐ \$35,000 +

13. Approximate home market value:

unknown

☒ Rent

☐ Own

General Description: Provide general description, including all other relevant factors and information on the investigation form.

960925HCN1873

2/4

Office of the State Fire Marshal
State Capitol
Atlanta, Georgia 30334

NFIRS 1

FILE IN THIS REPORT
IN YOUR OWN WORDS

Rockdale County

FIRE DEPARTMENT

100 FLEET
20 CHANGES

A	FILE NO.	INCIDENT NO.	EXP. NO.	DATE	TIME	DAY OF WEEK	ALARM TIME	ARRIVAL TIME	TIME IN SERVICE
	12201	02973	00	080996	Friday	62259	2301		123130
B	TYPE OF SITUATION (FIRE)						MUTUAL AID		
	Structure Fire						111		Fire out
C	FIRE (PROPERTY USE)						IGNITION FACTOR		
	ONE Family Dwelling						Child Playing		141
D	CONNECT ADDRESS						ZIP CODE		CENSUS TRACT
	[REDACTED]						30020		10301
E	OCCUPANT NAME (LAST, FIRST, MIDDLE)						TELEPHONE		ROOM OR APT.
	[REDACTED]						[REDACTED]		N/A
F	OWNER'S NAME						ADDRESS		TELEPHONE
	[REDACTED]						[REDACTED]		[REDACTED]
G	MESSAGE (PUBLISHED)						DISTRICT		SHIFT
	Direct to Fire Dept						11		11
H	NUMBER FIRE SERVICE PERSONNEL RESPONDED		NUMBER ENGINES RESPONDED		NUMBER AERIAL APPARATUS RESPONDED		NUMBER OTHER VEHICLES RESPONDED		
	1011		1013		101		102		

COMPLETE FOR ALL INCIDENTS

I	NUMBER OF INJURIES		NUMBER OF FATALITIES	
	FIRE SERVICE	OTHER	FIRE SERVICE	OTHER
	1001	1002	1001	1002

COMPLETE IF CASUALTY

J	COMPLEX		MOBILE PROPERTY TYPE	
	ONE Family Dwelling		141	
K	AREA OF FIRE ORIGIN		EQUIPMENT INVOLVED IN IGNITION	
	not Classified		199	
L	FORM OF HEAT OF IGNITION		TYPE OF MATERIAL IGNITED	
	Lighter		11	
M	METHOD OF EXTINGUISHMENT		LEVEL OF FIRE ORIGIN	
	Extinguished with hose		16	
	ESTIMATED LOSS (DOLLARS ONLY)		111113000	

COMPLETE FOR ALL FIRES

see back

Percentage of Structure Destroyed - Less Than 50% () More Than 50% ()

N	NUMBER OF STORIES		CONSTRUCTION TYPE	
	1 stories		11	
O	EXTENT OF FLAME DAMAGE		EXTENT OF SMOKE DAMAGE	
	Confined to Room of Origin		12	
P	DETECTOR PERFORMANCE		SPRINKLER PERFORMANCE	
	yes operated		12	
Q	IF SMOKE SPREAD BEYOND ROOM OF ORIGIN		AVENUE OF SMOKE TRAVEL	
	unknown		100	
R	FORM OF MATERIAL GENERATING MOST SMOKE		100	
	unknown		100	

COMPLETE IF STRUCTURE FIRE

[] Copy To Tax Assessors & Planning & Development

Date: 8/13/96

S	IF MOBILE PROPERTY	YEAR	MAKE	MODEL	SERIAL NO.	LICENSE NO.
T	IF EQUIPMENT INVOLVED IN IGNITION	YEAR	MAKE	MODEL	SERIAL NO.	

CHECK IF COMMENTS ON REVERSE SIDE

EX-2
BUNN 25
12165

OFFICER IN CHARGE (NAME, POSITION, ASSIGNMENT)	DATE
R. James Lt. ENG-1	8-9-96
MEMBER MAKING REPORT (IF DIFFERENT FROM ABOVE)	DATE

G69 0667A

101 960925 HCN 1873

EK-1

960925 HCN 1873

Rockdale County Fire Department

Gallons Of Water Used: 75 GAL

Engines & Other Equipment Responding: E-1-E-7-E-8 L-7 201-

Sq. 1

Volunteers & Off-Duty: none

On-Duty Personnel: Lt R James, FAO SE Smith, Lt Simoes, Lt A Abbott, FF Scroggins
Chief Pede, Capt White, Lt Hall, FAO C. Norton, FAO Peters, Lt Prewitt

Description Of Incident: Eng 1 Personnel Arrived
ON SCENE ALONG W/ 201 - & Eng 7, Eng 8, EMS 625, L-7,
E-1 Pull FIRE LINE & EXTINGUISHED A CHAIR IN
THE FRONT YARD, 201 & Capt. CHECK FOR FIRE
IN LIVING ROOM, EMS 625 WAS ASSIGNED PT.
CARE, Eng - 7 Personnel Did SEARCH & RESCUE &
Later VENTILATION WITH LADDER 7 PERSONNEL -
Sq 1 & Eng 8 WERE PUT BACK IN SERVICE, AFTER
STRUCTURE WAS CLEAR OF ALL FIRE. -

OUR INVESTIGATION REVEALED SMALL CHILD WAS
PLAYING WITH A LIGHTER & SET CHAIR ON FIRE.
HOMEOWNER TOOK CHAIR OUT SIDE - & SUSTAIN
MINOR BURNS. EMS TREATED ON SCENE. EVERYONE WAS
OUT ON OUR ARRIVAL. - CARPET, CURTAINS, & SMOKE
DAMAGED WAS THRU-OUT STRUCTURE. ISPAT. 444

FA. 1



INVESTIGATION GUIDELINE

Revised September 16, 1994

Revised Page 9 December 12, 1994

UPHOLSTERED FURNITURE FIRES (For Open Flame Ignition Fires Only)

Complete Attachment A and attach to CPSC Form 182, Epidemiologic Investigation Report, along with a copy of the Fire Incident Report.

I. INTRODUCTION

A. Background Information

Upholstered furniture remains the consumer product associated with more fire deaths than any other product within CPSC's jurisdiction. During 1991, about 16,600 residential fires involved ignitions of upholstered furniture that resulted in 700 deaths, over 2,000 injuries and nearly \$300 million in property damage. Two-thirds (470) of the deaths and more than half (1,160) of the injuries resulted from smoldering-ignition smoking fires primarily from cigarettes; about one-fifth (150) of the deaths and one-fourth (580) of the injuries resulted from open-flame ignition fires (mostly involving matches and lighters).

Smoking fire deaths declined by 59 percent since 1980. At present a voluntary program exists to address cigarette ignition of upholstered furniture fires.

Open-flame related fire deaths declined by only 25 percent since 1980. This information reveals that small open flame fires constitute a significant problem that has not been previously addressed in a nationwide standard, voluntary or otherwise. In May 1994, the Commission voted to begin rulemaking to develop an open flame test for upholstered furniture.

The purpose of these investigations is to provide further information and details about hazard scenarios and materials involved in open-flame ignition of upholstered furniture.

CITY OF CONYERS POLICE DEPARTMENT FACSIMILE COVER SHEET

960925HCR1873

DATE	10-30-96
------	----------

TO	INV Barrett
COMPANY NAME	
FAX NUMBER	(770) 482-0173
REFERENCE	Fire call Irwin Bridge Rd

FROM	Karla FRAZIER
NUMBER OF PAGES (INCLUDING COVER)	2
COMMENTS	Communications

THIS MESSAGE IS INTENDED FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL OR EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISCLOSURE, COPYING, DISTRIBUTION OR THE TAKING OF ANY ACTION IN RELIANCE ON THE CONTENT OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY SENDER AT THE CONYERS POLICE DEPARTMENT MAIN TELEPHONE NUMBER BELOW IMMEDIATELY.

CITY OF CONYERS POLICE DEPARTMENT
1194 SCOTT STREET
CONYERS, GA 30207
(770) 483-6800 (MAIN NUMBER) - (770) 785-5041 (FAX)
(770) 929-4201 (OFFICE OF THE CHIEF OF POLICE)

EL.3

FAX: 770 785 5041

770 482-0173

PAGE 2

P.03

960925-HON1873

Report Printed : 10/30/96 18:37:12
Priority = 1 Dept = MULT Tract = NONE Patrol = N1 Category = LAWFIR
Dispositions = 03
Fire Alarm = 1

<u>Officer's</u>	<u>Unit</u>	<u>Dien</u>	<u>Enro</u>	<u>Offs</u>	<u>Left</u>	<u>Post</u>	<u>Dist</u>	<u>Ver2</u>	<u>Ver3</u>	<u>Date</u>	<u>Come</u>	<u>Dept</u>	<u>Dist Number</u>
TAYLOR	531		2359	2102						2331	CPD	96024046	
	RCFD		2102							2331	RCFD	96000040	
HANLIN	559	2330		2303						2331	CPD	96024055	
CALVERT	576			2304						2307	CPD	96024058	

Ex. 3

Office of the State Fire Marshal
State Capitol
Atlanta, Georgia 30334

ISSUE

1 -

NFIRS 1

FILL IN THIS REPORT
IN YOUR OWN WORDS

Rockdale County

FIRE DEPARTMENT

OCT 1 - 1996
20 CHANGE

A	FILE NO 1,2,2,0,1	INCIDENT NO 0,2,9,7,3	EXP NO 0,0,0,8,0,9,9,8	DAY OF WEEK Friday	ALARM TIME 6:22:59	ARRIVAL TIME 23:01	TIME IN SERVICE 12:31:30
B	TYPE OF SITUATION FOUND Structure FIRE		TYPE OF ACTION TAKEN Put Fire out		MUTUAL AID 11		
C	PROPERTY USE ONE Family Dwelling		IGNITION FACTOR Child Playing		CENSUS TRACT 1411		
D	CORRECT ADDRESS [REDACTED]		ZIP CODE 30024		ROOM OR APT [REDACTED]		
E	OCCUPANT NAME (LAST, FIRST, MI) [REDACTED]		TELEPHONE [REDACTED]		ROOM OR APT [REDACTED]		
F	OWNER NAME (LAST, FIRST, MI) [REDACTED]		ADDRESS [REDACTED]		TELEPHONE [REDACTED]		
G	METHOD OF ALARM FROM PUBLIC Direct to Fire Dept		DISTRICT 11		SHIFT D		NO ALARMS 1
H	NUMBER FIRE SERVICE PERSONNEL RESPONDED 6/11		NUMBER ENGINES RESPONDED 6/03		NUMBER AERIAL APPARATUS RESPONDED 6/01		NUMBER OTHER VEHICLES RESPONDED 6/02

COMPLETE FOR ALL INCIDENTS

I	NUMBER OF INJURIES FIRE SERVICE 6/00 OTHER 6/02		NUMBER OF FATALITIES FIRE SERVICE 6/00 OTHER 6/00	
---	--	--	--	--

COMPLETE IF CASUALTY

J	COMPLEX ONE Family Dwelling	MOBILE PROPERTY TYPE no mobile
K	AREA OF FIRE ORIGIN not Classified	EQUIPMENT INVOLVED IN IGNITION Lighter
L	FORM OF HEAT OF IGNITION Lighter	TYPE OF MATERIAL IGNITED unknown
M	METHOD OF EXTINGUISHMENT connected hose line with	LEVEL OF FIRE ORIGIN Grade
N	ESTIMATED LOSS (DOLLARS ONLY) 13,000	

COMPLETE FOR ALL FIRES

Percentage of Structure Destroyed - Less Than 50% (4) More Than 50% ()

N	NUMBER OF STORIES 1 STORIES	CONSTRUCTION TYPE Protected Wood Frame
O	EXTENT OF FLAME DAMAGE Confined to Part of Room of Origin	EXTENT OF SMOKE DAMAGE undetermined
P	DETECTOR PERFORMANCE yes operated	SPRINKLER PERFORMANCE no sprinklers
Q	IF SMOKE SPREAD BEYOND ROOM OF ORIGIN unknown	AVENUE OF SMOKE TRAVEL Corridor
R	FORM OF MATERIAL GENERATING MOST SMOKE unknown	

COMPLETE IF STRUCTURE FIRE

[X] Copy To Tax Assessors & Planning & Development Date: 8/13/96

S	IF MOBILE PROPERTY	YEAR	MAKE	MODEL	SERIAL NO.	LICENSE NO.
T	IF EQUIPMENT INVOLVED IN IGNITION	YEAR	MAKE	MODEL	SERIAL NO.	

CHECK IF COMMENT'S ON REVERSE SIDE

U	OFFICER IN CHARGE NAME POSITION ASSIGNMENT J. JAMES Lt ENG 1	DATE 8-9-96
	MEMBER MAKING REPORT (IF DIFFERENT FROM ABOVE)	DATE

IN scope - assigned by FCR to

EXG
OWN 25 1996

G690167A 960925 HCN 1873

101
H/u

Rockdale County Fire Department

6690167A

Gallons Of Water Used:

75 GAL

Engines & Other Equipment Responding:

E-1-E-7-E-8 L-7 201-

Sgt 1

Volunteers & Off-Duty:

none

On-Duty Personnel: Lt R James, FAO St. Smith, Lt Simoes, Lt A Abbott, FF Scroggins
 Chief Poole, Capt White, Lt Hall, FAO C. Norton, FAO Peters, Lt Pruitt

Description Of Incident:

ENG 1 PERSONEL ARRIVED

ON SCENE ALONG W/ 201 - & Eng 7, ENG 8, EMS 625, L-7, Sq. 1
 E-1 PULL FIRE LINE & EXTINGUISHED A CHAIR IN
 THE FRONT YARD, 201 & CAPT. CHECK FOR FIRE
 IN LIVING ROOM, EMS 625 WAS ASSIGNED PT.
 CARE, EMS - 7 PERSONEL DID SEARCH & RESCUE &
 LATER VENTILATION WITH LADDER 7 PERSONEL -
 Sgt 1 & ENG 8 WERE PUT BACK IN SERVICE, AFTER
 STRUCTURE WAS CLEAR OF ALL FIRE. -

OUR INVESTIGATION REVELED SMALL CHILD WAS
 PLAYING WITH A LIGHTER & SET CHAIR ON FIRE.
 HOMEOWNER TOOK CHAIR OUT SIDE - & SUSTAIN
 MINOR BURNS. EMS TREATED ON SCENE. EVERYONE WAS

EX 2 out on our ARRIVAL. - Carpet, Curtains, & smoke
 Damaged was thru-out Structures. NPA-T. SAN

Office of the State Fire Marshal
State Capitol
Atlanta, Georgia 30334
ROCKDALE COUNTY Fire Department
Georgia CASUALTY REPORT

Fill in This Report
in Your Own Words

A	FDID 5 12201	Incident No. C012973	Exp. No. 016	Mo. 08	Day 09	Year 96	Day of Week Friday	Alarm Time 16 221519
---	-----------------	-------------------------	--------------------	-----------	-----------	------------	-----------------------	-------------------------

Page 1
of 1

Casualty Number 0102		1 <input type="checkbox"/> Delete 2 <input type="checkbox"/> Change				
GA	Casualty Last Name	First Name	MI	D.O.B.	Age	Time of Injury
GB	Home Address			Telephone		
GC	SEX 1 <input checked="" type="checkbox"/> Male 2 <input type="checkbox"/> Female	CASUALTY TYPE 1 <input checked="" type="checkbox"/> Fire Casualty 2 <input type="checkbox"/> Action Casualty 3 <input type="checkbox"/> EMS Casualty	SEVERITY 1 <input checked="" type="checkbox"/> Injury 2 <input type="checkbox"/> Death	AFFILIATION 1 <input type="checkbox"/> Fire Service 2 <input type="checkbox"/> Other Emergency Personnel 3 <input type="checkbox"/> Civilian		
GD	Familiarity With Structure Over 1 year	Location at Ignition 17 Space of fire origin	Condition Before Injury 2 Awake	18		
GE	Condition Preventing Escape No Conditions	Activity at Time of Injury 18 Fire Control	Cause of Injury 13 Contact with	16		
GF	Nature of Injury Burns Only	Part of Body Injured 12 Arms	Disposition 13 Treated at scene & released	12		
<input type="checkbox"/> See Remarks on Back				<input type="checkbox"/> See Additional Report		

CASUALTY 1

Casualty Number 0101		1 <input type="checkbox"/> Delete 2 <input type="checkbox"/> Change				
GA	Casualty Last Name	First Name	MI	D.O.B.	Age	Time of Injury
GB	Home Address			Telephone		
GC	SEX 1 <input checked="" type="checkbox"/> Male 2 <input type="checkbox"/> Female	CASUALTY TYPE 1 <input checked="" type="checkbox"/> Fire Casualty 2 <input type="checkbox"/> Action Casualty 3 <input type="checkbox"/> EMS Casualty	SEVERITY 1 <input checked="" type="checkbox"/> Injury 2 <input type="checkbox"/> Death	AFFILIATION 1 <input type="checkbox"/> Fire Service 2 <input type="checkbox"/> Other Emergency Personnel 3 <input type="checkbox"/> Civilian		
GD	Familiarity With Structure Over 1 year	Location at Ignition 17 Space of fire origin	Condition Before Injury 2 Awake	18		
GE	Condition Preventing Escape No condition	Activity at Time of Injury 18 Irrational action	Cause of Injury 18 Rubbed by	16		
GF	Nature of Injury Burn only	Part of Body Injured 12 Foot	Disposition 16 Treated at scene & released	12		
<input type="checkbox"/> See Remarks on Back				<input type="checkbox"/> See Additional Report		

CASUALTY 2

Casualty Number		1 <input type="checkbox"/> Delete 2 <input type="checkbox"/> Change				
GA	Casualty Last Name	First Name	MI	D.O.B.	Age	Time of Injury
GB	Home Address			Telephone		
GC	SEX 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	CASUALTY TYPE 1 <input type="checkbox"/> Fire Casualty 2 <input type="checkbox"/> Action Casualty 3 <input type="checkbox"/> EMS Casualty	SEVERITY 1 <input type="checkbox"/> Injury 2 <input type="checkbox"/> Death	AFFILIATION 1 <input type="checkbox"/> Fire Service 2 <input type="checkbox"/> Other Emergency Personnel 3 <input type="checkbox"/> Civilian		
GD	Familiarity With Structure	Location at Ignition	Condition Before Injury			
GE	Condition Preventing Escape	Activity at Time of Injury	Cause of Injury			
GF	Nature of Injury	Part of Body Injured	Disposition			
<input type="checkbox"/> See Remarks on Back				<input type="checkbox"/> See Additional Report		

CASUALTY 3

FM 90

EX-2

T

Officer in Charge (Name, Position, Assignment)	Date
R. James Lt Eng #1	08-01-96
Member Making Report (If Different From Above)	Date
Steve Smith FAO Eng #1	08-01-96

Name		REG		CENSUS TRACT	COUNTY	AGE	RACE	SIGNATURES	
[Redacted]		3	160	301	122	04	04	Level 1	18285
Address		City		State		Zip Code		Phone	Signature
City		State		Zip Code		Phone		Signature	Level
Patient's Signature for Refusal of:		Transport		Treatment		Other		Signature	Level
See EMS Report								Signature	Level
Priority		Mileage		Incident Location		Injury Mechanism		Protect Dev	
111 Used		OUT IN		Detention Cent		Air		Air Bag	
Response Mode				Road-Co.		Firearm		Clothing	
TO SCENE				Sport Event		Machinery		Lap Belt	
Emergency				Other		Pedal		Shoulder Belt/Lap Belt	
Non-Emerg				ENV CAUSE		Crush			
Scheduled				Abuse		Drowning			
Delayed				Housing		Truck			
FROM SCENE				Out Res		Explosion			
Emergency				Nutrition		Other			
Non-Emerg				Rec Event					
Delayed									
Systolic		Diastolic		Pulse		Resp		Pupils	
GCS		SYS B/P		RESPIRATE		ENG		INJURY SITE & TYPE	
LR		2 90		10-20		Asystole		MED 1 ID	
Spontan		78-90		0		Atrial Fibr		MED 2 ID	
To Voice		50-60		0		Bradycardia		MED 3 ID	
To Pain		110		0		Heart Block			
None		No Pulse		0		Junctional			
VERBAL		AIRWAY		GLASGOW		Isoventricular			
Oriented		Open & Clear		13-15		PAC's			
Confused		Part Obst		3		PEA			
Innaprop		Comp Oast				PVC's			
Delayed		None				Sinus			
None						S. Tachycardia			
CPR prior to arrival?						V. Fibrillation			
Care prior to arrival?						None			
Obedient		Flexion				Hand			
Localizes		Extension				Foot			
Withdrawal		None							
CARE RENDERED		MEDIC #		PROCEDURE		ATTEMPT		SUC?	
12 Lead				Auto Defib					
Airway Main				Cardiovert					
Asst Deliv				Chest Decomp					
Asst Vent				Defib-Man					
Auto Vent				Esoph Air					
Bleed Contr				ET/NT					
Card Monitor				Intraosseous					
CPR				IV #1					
C-Spine				IV #2					
Glucose Test				IV #3					
Pulse Ox				MAST					
02 lpm				Needle Cric					
Splints				Pacing					
Suction				Vagal Man					
Traction Splint									
Wound Dressed									
Other									
MISCELLANEOUS									
MEDICATION									
Adenosine									
Alupent									
Atropine									
Bretylol									
Cetacaine									
D5									
Dopamine									
Morphine									
Nitro									
NS									
Phenobarb									
Procain									
Stadol									
Valium									
Other 1									
Other 3									
DOSE									
ROUTE									
TIME									
MEDIC #									
PROTOCOL									
STAND ORD									
DEST									
PATIENT									
TRAUMA									
MED DIR									
CLOSEST									
IMPROVED?									
SERVICE #		UNIT		DATE REQUEST		DISPATCH		RESPOND	
823001		0912259		2259		2301		2301	
AT SCENE		EXTRICOMP		ENROUTE		ARRIVAL		IN SERVICE	
2301		2301		2301		2301		2301	
BEST CODE									
ASSESSMENT SUMMARY		Status		Arrive		GCS		RTK	
NARRATIVE									
Pt had minor burn on (L) foot. EMS.									
Treated Pt. We made contact & put out fire.									
NGAT									
Refused Transport & Treatment									

EX-2

PATIENT INFORMATION		CENSUS		TRACT		COUNTY		AGE		RACE		SIGNATURES			
Name: [REDACTED] Address: [REDACTED] City: [REDACTED] State: GA Zip Code: 30207 Patient's Signature for Refusal of: [REDACTED] Transport <input checked="" type="checkbox"/> Treatment <input checked="" type="checkbox"/> See Enus Report		3160301		122		004		[REDACTED]		[REDACTED]		Made 1 Sig. [REDACTED] Level 18285 Made 2 Sig. [REDACTED] Level [REDACTED] Received By [REDACTED] Physician's Sig. [REDACTED]			
PRIORITY	MILEAGE	INCIDENT LOCATION	INJURY MECHANISM	PROTECT DEV	SEVERITY	ILLNESS/SYMPOM									
911 Used? <input checked="" type="checkbox"/> RESPONSE MODE TO SCENE Emergency <input checked="" type="checkbox"/> Non-Emerg <input type="checkbox"/> Scheduled <input type="checkbox"/> Delayed <input type="checkbox"/> FROM SCENE Emergency <input type="checkbox"/> Non-Emerg <input type="checkbox"/> Delayed <input "="" type="checkbox"/> IN <input type="checkbox"/> 911 Used? <input checked="" type="checkbox"/> RESPONSE MODE TO SCENE Emergency <input checked="" type="checkbox"/> Non-Emerg <input type="checkbox"/> Scheduled <input type="checkbox"/> Delayed <input type="checkbox"/> FROM SCENE Emergency <input type="checkbox"/> Non-Emerg <input type="checkbox"/> Delayed <input type="checkbox"/>	Detention Cent <input type="checkbox"/> Road-Co <input type="checkbox"/> Fresh Water <input type="checkbox"/> Sport Event <input type="checkbox"/> Hospital <input type="checkbox"/> In Res <input type="checkbox"/> Nursing Home <input type="checkbox"/> Out Res <input type="checkbox"/> Rec Event <input type="checkbox"/>	Air <input type="checkbox"/> Firearm <input type="checkbox"/> ATV <input type="checkbox"/> Bite <input type="checkbox"/> Crush <input type="checkbox"/> Drowning <input type="checkbox"/> Explosion <input type="checkbox"/> Falling Obj. <input type="checkbox"/>	Air Bag <input type="checkbox"/> Clothing <input type="checkbox"/> Lap Belt <input type="checkbox"/> Shoulder Belt/Lap Belt <input type="checkbox"/>	Death <input type="checkbox"/> Extri > 15 Min <input type="checkbox"/> Flail Chest <input type="checkbox"/> Limb Paralysis <input type="checkbox"/> Pad vs MV 5 MPH <input type="checkbox"/> Rollover <input type="checkbox"/>	Abd Pain <input type="checkbox"/> Airway Obstr <input type="checkbox"/> Allergy React <input type="checkbox"/> Behavioral <input type="checkbox"/> Card Arrest <input type="checkbox"/> Choking <input type="checkbox"/> Inhaled <input type="checkbox"/> CVA/TIA <input type="checkbox"/> Drowning <input type="checkbox"/> Fever <input type="checkbox"/> Heat Exp <input type="checkbox"/> Other <input type="checkbox"/>										
SYSTEMIC		DIASTOLIC	PULSE	RESP	PUPILS	GCS	SYS B/P	RESP RATE	EKG	INJURY SITE & TYPE		MED 1 ID	MED 2 ID	MED 3 ID	
Systolic <input type="checkbox"/> Diastolic <input type="checkbox"/> Pulse <input type="checkbox"/> Resp <input type="checkbox"/> Pupils <input type="checkbox"/> GCS <input type="checkbox"/> Sys B/P <input type="checkbox"/> Resp Rate <input type="checkbox"/> EKG <input type="checkbox"/>		Diastolic <input type="checkbox"/> Pulse <input type="checkbox"/> Resp <input type="checkbox"/> Pupils <input type="checkbox"/> GCS <input type="checkbox"/> Sys B/P <input type="checkbox"/> Resp Rate <input type="checkbox"/> EKG <input type="checkbox"/>	Pulse <input type="checkbox"/> Resp <input type="checkbox"/> Pupils <input type="checkbox"/> GCS <input type="checkbox"/> Sys B/P <input type="checkbox"/> Resp Rate <input type="checkbox"/> EKG <input type="checkbox"/>	Resp <input type="checkbox"/> Pupils <input type="checkbox"/> GCS <input type="checkbox"/> Sys B/P <input type="checkbox"/> Resp Rate <input type="checkbox"/> EKG <input type="checkbox"/>	Pupils <input type="checkbox"/> GCS <input type="checkbox"/> Sys B/P <input type="checkbox"/> Resp Rate <input type="checkbox"/> EKG <input type="checkbox"/>	GCS <input type="checkbox"/> Sys B/P <input type="checkbox"/> Resp Rate <input type="checkbox"/> EKG <input type="checkbox"/>	Sys B/P <input type="checkbox"/> Resp Rate <input type="checkbox"/> EKG <input type="checkbox"/>	Resp Rate <input type="checkbox"/> EKG <input type="checkbox"/>	EKG <input type="checkbox"/> Head <input type="checkbox"/> Face <input type="checkbox"/> Eye <input type="checkbox"/> Neck <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Abdomen <input type="checkbox"/> Pelvis <input type="checkbox"/> Arm <input type="checkbox"/> Leg <input type="checkbox"/> Hand <input type="checkbox"/> Foot <input type="checkbox"/>	MED 1 ID <input type="checkbox"/> MED 2 ID <input type="checkbox"/> MED 3 ID <input type="checkbox"/>		MED 1 ID <input type="checkbox"/> MED 2 ID <input type="checkbox"/> MED 3 ID <input type="checkbox"/>	MED 1 ID <input type="checkbox"/> MED 2 ID <input type="checkbox"/> MED 3 ID <input type="checkbox"/>	MED 1 ID <input type="checkbox"/> MED 2 ID <input type="checkbox"/> MED 3 ID <input type="checkbox"/>	
CARE RENDERED		MEDIC #	PROCEDURE	ATTEMPT	SUC	MEDIC #	MEDICATION		DOSE	ROUTE	TIME	MEDIC #	PROTOCOL	STAND ORD	DEST
12 Lead <input type="checkbox"/> Airway Main <input type="checkbox"/> Asst Deliv <input type="checkbox"/> Asst Vent <input type="checkbox"/> Auto Vent <input type="checkbox"/> Bleed Contr <input type="checkbox"/> Card Monitor <input type="checkbox"/> CPR <input type="checkbox"/> C-Spine <input type="checkbox"/> Glucose Test <input type="checkbox"/> Pulse Ox <input type="checkbox"/> O2 <input type="checkbox"/> Splints <input type="checkbox"/> Suction <input type="checkbox"/> Traction Splint <input type="checkbox"/> Wound Dressed <input type="checkbox"/> Other <input type="checkbox"/>		Medic # <input type="checkbox"/> Procedure <input type="checkbox"/> Attempt <input type="checkbox"/> Suc <input type="checkbox"/> Medic # <input type="checkbox"/>	Auto Deliv <input type="checkbox"/> Cardiovert <input type="checkbox"/> Chest Decomp <input type="checkbox"/> Defib-Man <input type="checkbox"/> Esoph Air <input type="checkbox"/> ET/NT <input type="checkbox"/> Intraosseous <input type="checkbox"/> IV #1 <input type="checkbox"/> IV #2 <input type="checkbox"/> IV #3 <input type="checkbox"/> MAST <input type="checkbox"/> Needle Cric <input type="checkbox"/> Pacing <input type="checkbox"/> Vagal Man <input type="checkbox"/>	Attempt <input type="checkbox"/> Suc <input type="checkbox"/> Medic # <input type="checkbox"/>	Suc <input type="checkbox"/> Medic # <input type="checkbox"/>	Adenosine <input type="checkbox"/> Glucagon <input type="checkbox"/> Alupent <input type="checkbox"/> Atropine <input type="checkbox"/> Bretyliol <input type="checkbox"/> Catecholamine <input type="checkbox"/> D.5 <input type="checkbox"/> Dopamine <input type="checkbox"/> Nitro <input type="checkbox"/>		NS <input type="checkbox"/> Phenobarb <input type="checkbox"/> Procainide <input type="checkbox"/> IV Sol. <input type="checkbox"/> Lidocaine <input type="checkbox"/> Valium <input type="checkbox"/> Other 1 <input type="checkbox"/> Other 2 <input type="checkbox"/> Other 3 <input type="checkbox"/>	Dose <input type="checkbox"/> Route <input type="checkbox"/> Time <input type="checkbox"/>	Medic # <input type="checkbox"/> Protocol <input type="checkbox"/> Stand Ord <input type="checkbox"/>	Dest <input type="checkbox"/>				
SERVICE #		UNIT	DATE	REQUEST	DISPATCH	RESPOND	AT SCENE	EXTRI COMP	ENROUTE	ARRIVAL	IN SERVICE	DEST CODE			
873001		09	1	2259	2259	2259	2300				9330067				
ASSESSMENT SUMMARY		Whole Body	Arrive ED	GCS	RTS	Chief Complaint	Protocol								
NARRATIVE Pt had minor burn on (4) feet. EMS. Treated Pt. We made contact & put out fire. NO AT. REFUSED TRANSPORT & TREATMENT.		Whole Body <input type="checkbox"/> Arrive ED <input type="checkbox"/> GCS <input type="checkbox"/> RTS <input type="checkbox"/> Chief Complaint <input type="checkbox"/> Protocol <input type="checkbox"/>	GCS <input type="checkbox"/> RTS <input type="checkbox"/> Chief Complaint <input type="checkbox"/> Protocol <input type="checkbox"/>	Chief Complaint <input type="checkbox"/> Protocol <input type="checkbox"/>	Protocol <input type="checkbox"/>										

EX.2

2240423

1. TASK NUMBER 961004HWE4079		2. INVESTIGATOR'S ID 8310		EPIDEMIOLOGIC INVESTIGATION REPORT
3. OFFICE CODE 871	4. DATE OF ACCIDENT 4-14-96	5. DATE INITIATED YR MO DAY 10-10-96		
6. SYNOPSIS OF ACCIDENT OR COMPLAINT A 10 year old boy was sitting on a loveseat in the back patio of his residence playing with a book match. The heat from the match apparently caused him to drop it on a plastic cover over the loveseat. He reported that he put water on the match. Approximately 2 hours after the fire play the boy's mother observed smoke coming from the seat. The fire was extinguished by the mother. The fire department was summoned, but the fire was out before they arrived. No one was injured. The boys's mother thought that the bottom cushion on one side was ignited first.				
7. LOCATION (Home, School, etc.) Patio		8. CITY Glendale		9. STATE CA
10A. FIRST PRODUCT Matchbook 1728		10B. TRADE/BRAND NAME Unknown		10C. MODEL NUMBER
10D. MANUFACTURER NAME AND ADDRESS Unknown				
11A. SECOND PRODUCT Loveseat 0679		11B. TRADE/BRAND NAME Unknown		11C. MODEL NUMBER n/a
11D. MANUFACTURER NAME AND ADDRESS Unknown				
12. AGE OF VICTIM 999	13. SEX 9	14. DISPOSITION No injury 0	15. INJURY DIAGNOSIS No injury 71	
16. BODY PART (S) INVOLVED 99	17. RESPONDENT Mother 2	18. TYPE OF INVESTIGATION Telephone 2	19. TIME SPENT (OPERATIONAL HOURS) 6	
20. ATTACHMENT(S) Documents 2	21. CASE SOURCE Fire Department 01		22. SAMPLE COLLECTION NUMBER 97-860-5601	
23. PERMISSION TO DISCLOSE NAMES (NON NEISS CASES ONLY) No				
24. REVIEW DATE Oct. 17, 1996	25. REVIEWED BY Keven Barton, SPSI		26. REGIONAL OFFICE DIRECTOR	
27. DISTRIBUTION O:EHDS CC:				

The information contained in this report was obtained during a telephone conversation with the mother of the boy who started the fire. The loveseat involved in the fire has been destroyed.

PRE EVENT

The loveseat involved in the event was purchased approximately six years prior to the event. It was placed in an outside patio of the single family residence where the event occurred. It was covered by a light plastic sheet intended to be used to protect surfaces during painting operations.

A 10 year old male occupant of the residence sat on the loveseat and played with book matches. The heat from a match apparently threatened to burn his fingers. He dropped the match on the plastic cover over the loveseat. He indicated that he put water on the match. The boy had never played with fire before the event.

EVENT

Approximately two hours after the fire play the boy's mother observed smoke coming from the patio area. She went to the patio and saw the loveseat on fire. She indicated that the fire had started on the bottom cushion on one side. The rattan of the loveseat was burning. The plastic cover over the loveseat had fallen to the floor.

POST EVENT

The boy's mother extinguished the fire and called the fire department. When they arrived the fire was out.

No smoke detector had been installed on the patio.

Noone was injured in the fire.

The residence where the fire occurred was estimated to be valued at \$450,000. The head of the household is a doctor.

PRODUCT IDENTIFICATION

The loveseat involved in the event was purchased new approximately 6 years ago. The purchase price is unknown. The loveseat had not been recovered. The sides of the seat were rattan.

The loveseat was covered by a sheet of light plastic. The loveseat fabric is a woven material. Beneath the outer fabric was a layer of polyfil material then polyurethane foam.

A sample of the upholstery material was collected by the fire department and submitted under sample number 97-860-5601. The submitted material consisted of the outer fabric, the polyfil underlayer and the polyurethane foam. Only the outer fabric was submitted as per directive instructions.

ATTACHMENTS

1. Glendale Fire Department Field Incident Report number 96-4054.
2. Data Recording Sheet for Upholstered Furniture Fires.
3. Copy of collection report 97-860-5601.

FIELD ACTIVITY COVERSHEET

1. REGION/STATE FOWR	2. OPERATION (Check One) <input type="checkbox"/> Inspection <input type="checkbox"/> Establishment Visit <input type="checkbox"/> Telephone Contact <input checked="" type="checkbox"/> Investigation <input type="checkbox"/> Other []	3. DATE 10-10-96 4. NUMBER (For RO Use) 971004HWE4079
5. ESTABLISHMENT Name Unknown Address City State Zip Telephone		
6. RELATED FIRM <input type="checkbox"/> Parent <input type="checkbox"/> Headquarters <input type="checkbox"/> Subsidiary <input type="checkbox"/> Other _____ Name [] City [] State []		
7. PRODUCTS COVERED Loveseat	8. OTHER CONSUMER PRODUCTS []	
9. ESTABLISHMENT TYPE <input type="checkbox"/> Manufacturer <input type="checkbox"/> Importer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Own Label Distributor <input type="checkbox"/> Retailer <input type="checkbox"/> Repackager <input type="checkbox"/> Other []	10. ANNUAL PRODUCTION Product Covered \$ Units [] Other Products \$ Units []	
11. I.S. BUSINESS % Received [] % Shipped []	12. SAMPLES COLLECTED 97-860-5601	13. MIS CODE 12165
14. HOURS Activity [6] Travel [0]		
15. REASON FOR ACTIVITY (Assignment Reference) Follow up to fire department report of an upholstered furniture fire.		
16. ANNOUNCED <input type="checkbox"/> Rationale for Announced Inspection UNANNOUNCED <input type="checkbox"/>		
17. EMPLOYEE'S NAME Roger C. Burrows	TITLE Resident Invest.	SIGNATURE
18. (X) ENDORSEMENT <input type="checkbox"/> REMARKS <input type="checkbox"/> SUMMARY <input type="checkbox"/> OTHER _____ A 10 year old boy set fire to a loveseat with a book match. He had been playing with the match and dropped it when it threatened to burn his fingers. The match fell on a plastic cover over the furniture. Smoke from the burning upholstery was noticed about 2 hours after the fire play. Follow up: Refer to EHDS		
19. REVIEWER'S NAME Keven Barton	TITLE Supervisor	SIGNATURE
20. REVIEW DATE Oct. 17, 1996	21. DISTRIBUTION O: EHDS Mattie McDonald, cc: EHHA (Kim Long), FOWR LOS IDI file, c/s: FOWR (L. Baxter, L. Cornell, K. Barton)	

FIELD ACTIVITY COVERSHEET

1. REGION/STATE FOWR		2. OPERATION (Check One) <input type="checkbox"/> Inspection <input type="checkbox"/> Establishment Visit <input type="checkbox"/> Telephone Contact <input checked="" type="checkbox"/> Investigation <input type="checkbox"/> Other []		3. DATE 10-10-96	
		4. NUMBER (For RO Use) 971004HWE4079			
5. ESTABLISHMENT Name Unknown Address City State Zip Telephone					
6. RELATED FIRM <input type="checkbox"/> Parent <input type="checkbox"/> Headquarters <input type="checkbox"/> Subsidiary <input type="checkbox"/> Other _____ Name [] City [] State []					
7. PRODUCTS COVERED Loveseat			8. OTHER CONSUMER PRODUCTS []		
9. ESTABLISHMENT TYPE <input type="checkbox"/> Manufacturer <input type="checkbox"/> Importer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Own Label Distributor <input type="checkbox"/> Retailer <input type="checkbox"/> Repackager <input type="checkbox"/> Other []			10. ANNUAL PRODUCTION Product Covered \$ Units [] Other Products \$ Units []		
11. I.S. BUSINESS % Received [] % Shipped []		12. SAMPLES COLLECTED 97-860-5601		13. MIS CODE 12165	
14. HOURS Activity [6] Travel [0]					
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FIRCA010

RMS LIVE System
Glendale Fire Department
FIELD INCIDENT REPORT
96-4054
DISPATCHED INCIDENT

961004 HNE 4079

Page
04/14/199

EXHIBIT 4

Agcy GL Case #96-4054 Reported Date 04/14/1996 Time 15:49:11

Loc 1021 [REDACTED] CA 91201
Map 55C Census 000000 Fire Dist 0245 Insp Dist
Coord: X Y

Jurisdictional Station FIRE STATION 24
Alarm Method TELEPHONE TIE-LINE TO FIRE DEPARTMENT
Alarm Level 1 This incident is owned by Purge Date

Dispatch Date 04/14/1996 Time 15:49:17
Enroute Date 04/14/1996 Time 15:50:49
Onscene Date 04/14/1996 Time 15:54:16
Closed Date 04/14/1996 Time 16:56:50

Response Time: Minutes 4 Sec 59 Incident Duration: Hours 1 Min 7

ALL INCIDENTS

Exp # 0 Location [REDACTED] GLENDALE, CA 91201
Map 55C Census 000000 Fire Dist 0245 Insp Dist
Coord: X Y

Fire Haz Severity Zone UNKNOWN
Shift C SHIFT
Multi Agcy Inc #

Situations Found: 1 OTHER OUTSIDE FIRE
2
3
4

Investigative Status DETERMINED BY PLATOON INVESTIGATOR
Aid Type NO AUTO/MUTUAL AID RECV'D OR PROVIDED
Aid Agency
Weather CLEAR
Temperature 75

General Property Use ONE-OR TWO-FAMILY RESIDENTIAL USE
Specific Property Use ONE-FAMILY DWELLING/YEAR-ROUND USE
Management PRIVATE TAX-PAYING PROPERTY
Occupancy Type DWELLINGS AND LODGING HOUSES.
Structure Type BLDG W/ONE SPECIFIC PROPERTY USE
Structure Status IN USE W/FURNISH AND PROPERTY USED
Occupied at time of Inc STRUCTURE OR VEHICLE WAS OCCUPIED

Number Responding:	Career	5	Volunteer	
	Engines	1	Trucks	
	Rescue-Med		Other	1

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FIELD INCIDENT REPORT

96-4054

Fire Service Casualties:	Injuries	0	Fatalities	0
Non-Fire Service Casualties:	Injuries	0	Fatalities	0

Other Actions Taken: 1 INVESTIGATE

2

3

4

Local Studies: 1

2

3

4

Statewide: 5

6

UNIT INFORMATION

Unit ENGINE 24

Role FIRST IN UNIT

Crew Action Taken: 1

2

Distance Travelled

Dispatch Date 04/14/1996

Time 15:49:17

PERSONNEL

Role OIC

DID G001

Condition

Name ACKERMAN, EDWARD

Role DRIV

DID G018

Condition

Name BUCKHALTER, ROBERT

Role CREW

DID G156

Condition

Name WIDNER, KEVIN

Role CREW

DID G079

Condition

Name LAUNIUS, ROBERT

EQUIPMENT

Unit INVESTIGATOR 26

Role SUPPORT

Crew Action Taken: 1

2

Distance Travelled
FIRCA010

3

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Dispatch Date 04/14/1996
RMS LIVE System

Time 16:02:05

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Glendale Fire Department

04/14/19

FIELD INCIDENT REPORT
96-4054
PERSONNEL

EQUIPMENT

SIGNATURES AND ACTIVITY

Action INCIDENT CLOSED - STATISTICS SENT

Date 04/14/1996

Employee: DID G001
Name ACKERMAN, EDWARD
Rank
Assignment

NARRATIVE

G001 04/14/1996
E24C

E24C RESPONDED TO A REPORTED REFUSE FIRE OUTSIDE OF 1021 TRAFALGER DR. E24 FOUND A BURNT SOFA THAT WAS EXTINGUISHED BY OCCUPANTS OF THE ABOVE ADDRESS. FAMILY MEMBERS WERE IN THE KITCHEN/DEN AREA AND THE 10/M SON WAS IN THE REAR YARD WHEN THE FIRE OCCURRED. THE SON, GEORGE, DENIED ANY INVOLVEMENT WITH THE FIRE. A SHIFT INVESTIGATOR WAS REQUESTED. ENG MILLER INVESTIGATED AND INTERVIEWED GEORGE. GEORGE ADMITTED TO PLAYING WITH MATCHES AND STARTING THE FIRE. GEORGE'S PARENTS WERE ADVISED OF HIS ADMITTING TO THE FIRE. NO INJURIES OCCURRED AND THE FIRE WAS CONFINED TO THE SOFA.

ALL FIRES

Actions Taken: 1 INVESTIGATE
2
3
4

Area of Fire Origin COURT, TERRAC PATIO
Level of Fire Origin A01
Horizontal Distance
Form of Heat MATCH
Ignition Factor CHILDREN PLAYING WITH HEAT SOURCES
Type Material First Ignited PLASTIC COATED FABRIC
Form Material First Ignited UPHOLSTERED SOFA, CHAIR, VEHICLE SEATS

Contributing Factors: 1 JUVENILE ACTIVITY
2
Sex of First Suspect MALE
FIRCA010 RMS LIVE System
4
96 Glendale Fire Department

Page
04/14/19

FIELD INCIDENT REPORT
96-4054

Age of First Suspect
Sex of Second Suspect
Age of Second Suspect

10

Method of Extinguishment MAKESHIFT AIDS
Fuel Model FUEL MODEL NOT APPLICABLE
Acres Burned

Property Value	\$450,000	Loss	\$500	Insured Loss	\$450,000
Contents Value	\$450,000	Loss	\$500	Insured Loss	\$450,000

Equipment Involved in Ignition:
Type NO EQUIPMENT INVOLVED IN IGNITION
Year
Make
Model
Serial No

STRUCTURE FIRE

Construction Type TYPE V PREVIOUSLY CALLED WOOD FRAME
Roof Covering TILE (CLAY, CEMENT, SLATE, ETC.)
Number of Stories 2

Extent of Damage: Flame CONFINED TO THE OBJECT OF ORIGIN
Smoke CONFINED TO PART ROOM OF ORIGIN
Water NO DAMAGE OF THIS TYPE

Smoke: Type of Material PLASTIC COATED FABRIC
Form of Material UPHOLSTERED SOFA, CHAIR, VEHICLE SEATS
Avenue of Travel AVENUE OF SMOKE TRAVEL UNDETERMINED

Detection System:
Type SMOKE DETECTOR UNDETERMINED PRINCIPLE
Performance DETECTOR NOT IN ROOM IT ALERTED OCCUPANT
Reason for Failure
Power Supply

Extinguish System:
Type NO EXTINGUISHING SYSTEM
Performance
Reason for Failure

Sprinkler Heads
Type
Number Activated

PERSON INFORMATION

Role FATHER
Name MAHOMAR, FAUZY

FIRCA010

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RMS LIVE System

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Glendale Fire Department

04/14/19

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FIELD INCIDENT REPORT
96-4054

Sex M Race WHITE
DOB Age

Soc Sec #

Type HOME Address
Type Address

Home # Work # Hrs

Note:

Role OCCUPANT
Name MAHOMAR, GEORGE

Sex M Race WHITE
DOB 06/17/1985 Age 10

Soc Sec #

Type HOME Address
Type Address

Home # Work # Hrs

Note: SON

GENERAL EMS

EMS DETAIL

NON-FIRE SERVICE FIRE CASUALTY

FIRE SERVICE CASUALTY

HAZARDOUS MATERIALS INCIDENT

HAZARDOUS MATERIALS DETAILS

MOBILE PROPERTY



INVESTIGATION GUIDELINE

If lighter, specify type: ☐ Child-resistant ☐ Not child-resistant ☐ Unknown

If match, specify type: ☒ Book ☐ Box ☐ Unknown

If heater, specify fuel source and distance from furniture:

_____ Fuel source _____ Distance from furniture

E. DETECTION OF FIRE

7. Detector (smoke, heat, c.o., sprinkler) present?

☐ Yes ☒ No ☐ Unknown

If yes, specify type: _____

8. Detector went off (alarmed)?

☐ Yes ☐ No ☐ Unknown

9. If no, do you know any reason why not; e.g., unpowered, fire too small, etc.?

10. About how soon was the fire discovered after it started? 2 hours

F. VICTIM(S)

0 Number of Deaths 0 Number of Injuries

G. Socio-Economic Data:

11. Education level of head of household:

☐ Less than high school ☐ High school ☐ Some College
A Doctor

12. Total household income:

☐ LT \$15,000 ☐ \$15,000 - \$34,999 ☒ \$35,000 +

13. Approximate home market value: \$450,000

☐ Rent ☒ Own

General Description: Provide general description, including all other relevant factors and information on the investigation form.



INVESTIGATION GUIDELINE

Attachment A

DATA RECORDING SHEET FOR UPHOLSTERED FURNITURE FIRES (To be attached to CPSC Form 182, Epidemiologic Investigation Report along with a copy of the Fire Incident Report)

Task Number 961004HWE4079 Incident Date 4-14-96

A. PRODUCT DESCRIPTION: ☐ Sofa/Couch ☐ Chair ☐ Sofa bed ☒ Other loveseat

1. Was upholstered furniture slipcovered? ☐ Yes ☒ No ☐ Unknown

2. Had it been reupholstered? ☐ Yes ☒ No ☐ Unknown

3. Manufacturer/Distributor/Brand Unknown

4. Purchased: ☒ New ☐ Used ☐ Unknown

If used, specify how obtained (e.g., garage sale, etc.) _____

5. Date Furniture Purchased: _____ Furniture Age 6 years

6. Standard Certification Labeling; e.g., UFAC or California standard: (Copy)

Unknown

B. POINT OF FIRE IGNITION ON FURNITURE: Describe where fire started on upholstered furniture.

☐ Skirt ☒ Seat cushion ☐ Inside back ☐ Inside arm

☐ Back ☐ Side ☐ Underside ☐ Crevice

☐ Welt Cord ☐ Tuft ☐ Other _____

C. AGE (IN YEARS) OF PERSON INVOLVED IN IGNITION (if appropriate): _____

☐ LT 5 yrs. old ☒ 5 - 14 ☐ 15 - 64 ☐ 65 +

D. PRODUCT INVOLVED AS HEAT SOURCE AND TYPE (Check):

____ Lighter ☒ Match ____ Candle ____ Heater ____ Fireplace

____ Other (specify) _____

____ Unknown

Role FATHER
Name MAHOMAR, FAUZY

FIRCA010
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RMS LIVE System

Glendale Fire Department

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FIELD INCIDENT REPORT
96-4054

971004HWE4079
F97A4015 KB
10/4/96 BUNN25
APPENDIX #19
RCB

Page

04/14/19

Sex M Race WHITE
DOB Age Soc Sec #

Type HOME Address [REDACTED]
Type Address [REDACTED]
Home # [REDACTED] Work # Hrs

Note:

Role OCCUPANT
Name MAHOMAR, GEORGE

Sex M Race WHITE
DOB 06/17/1985 Age 10 Soc Sec #

Type HOME Address [REDACTED]
Type Address [REDACTED]
Home # [REDACTED] Work # Hrs

Note: SON

GENERAL EMS

EMS DETAIL

NON-FIRE SERVICE FIRE CASUALTY

FIRE SERVICE CASUALTY

HAZARDOUS MATERIALS INCIDENT

HAZARDOUS MATERIALS DETAILS

MOBILE PROPERTY

U.S. Consumer Product Safety Commission SAMPLE COLLECTION REPORT			
1. Sample Flag		2. Date Collected 10/10/96	3. Sample Type and Number: 97-860-5601 <input checked="" type="radio"/> Physical <input type="radio"/> Documentary
4a Product Name FURNITURE FABRIC		4b Model	4c NEISS 0647
5. Assignment Number 961004HWE4079			
6. Complete for Import Samples		7. MIS 12165	8. Hours Activity _____ Travel _____ 2 0
Port of Entry: _____ Country of Origin: _____ Entry No. and Date: _____ Customs Contact: _____		9a Home RO FOWR	9b Collecting RO FOWR
10. Sample Cost	11. Invoice Value of Lot		12. Size of Lot Units
13. Manufacturer/Importer #	14. Shipper/Foreign Manufacturer		15. Dealer/Import Broker # [REDACTED] GLENDALE, CA
16. Supporting documents attached: Invoice No. and Date: _____ Date Shipped: _____ Shipping Record and Date: _____ Affidavit Signer's name, title and date: _____			
17. Product Identification: Burned brown and black upholstery fabric. 9 1/2" X 7". It is unknown where on the loveseat the sample was collected.			
18. Reason for collection/analysis needed: <input type="radio"/> FHSA <input type="radio"/> CPSA <input checked="" type="radio"/> FFA <input type="radio"/> PPPA <input type="radio"/> RSA Follow up to furniture fire investigation per guideline			
19. Summary of Field Screening: None			
20. Sample size/Method of Collection: Fabric sample placed in a plastic bag.			
21. Identification on sample: 97-860-5601 RCB 10/10/96		22. Identification on seal and date: 97-860-5601 Roger C. Burrows	
23a Sample delivered to: US MAIL OCEANSIDE		23b Date 10/11/96	24. Report/Record Sent to: FOWR
25. Laboratory/Office: LSHL___ LSEL_X CRM___ CCA___ Other _____			
26. Remarks: None			
27. Related Samples: None			
28a Collector's name/title: Roger C. Burrows Sr. Resident Investigator		28b Collector's signature/date: <i>Roger C. Burrows</i> 10/11/96	
29a Reviewer's name/title:		29b Reviewer's signature/date:	

1. CASE NO. 961031CCC5016		2. INVESTIGATOR'S ID [8][1][2][3]		3. OFFICE CODE [8][3][0]		EPIDEMIOLOGIC INVESTIGATION REPORT	
4. DATE OF INCIDENT YR MO DAY [9][6][1][0][1][8]		5. DATE INVESTIGATION INITIATED		YR MO DAY [9][6][1][1][1][2]			
6. SYNOPSIS OF INCIDENT OR COMPLAINT A three year old boy playing with a child-resistant disosable butane cigarette lighter started a fire at the back of an upholstered sofa in the livingroom of his home. His mother was in an adjacent room and was alerted by a smoke detector sounding an alarm. She and her husband put out the fire. The fire dept. was not called. Damage was estimated at \$1,000. The lighter was collected as a sample.							
7. LOCATION (Home, school, etc.) Home-livingroom [1][0]		8. CITY St. Paul			9. STATE MN		
10A. FIRST PRODUCT cig. lighter [1][6][0][4]		11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS [REDACTED]					
10B. SECOND PRODUCT Sofa [0][6][7][9]		11B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS [REDACTED]					
12. AGE OF VICTIM [0][0][3]		13. SEX (USE NUMERICAL CODE) MALE - 1 FEMALE - 2 [1] UNKNOWN- 3		14. DISPOSITION [0]		15. INJURY DIAGNOSIS [7][1]	
16. BODY PART [9][9]		17. RESPONDENT(S) (Mother, Friend) Mother [1]		18. TYPE INVESTIGATION ON SITE - 1 TELEPHONE - 2 [1] OTHER - 3		19. TIME SPENT [][4].[0] 2 hr travel	
20. ATTACHMENTS multi [9]		21. CASE SOURCE [0][1]		22. REVIEWED BY YR MO DAY [8][1][3][0] [9][6][1][2][0][2]			
23. PERMISSION TO DISCLOSE NAMES (NON-NEISS CASES ONLY) CPSC MAY DISCLOSE MY NAME [X] CPSC MAY NOT DISCLOSE MY NAME []							
24. NARRATIVE (See Instructions on Page 2)				25. REGIONAL OFFICE DIRECTOR REVIEW DATE			
(USE ADDITIONAL SHEETS IF NECESSARY)							

6 DEC 1986

SUMMARY

This incident was referred to CPSC by the St. Paul Fire Department. They were contacted by the mother of a three year old boy who started a fire while playing with a child-resistant disposable butane cigarette lighter. The respondent is the boy's mother.

The three year old boy lives with his parents and a younger brother in a one story, single family home. Both parents smoke and use disposable butane lighters. At any given time, there are several lighters around the house. The respondent said she knew the dangers involved with children playing with matches or lighters and has always made of point of buying only the child-resistant types.

The lighter involved in the incident was one of several the respondent purchased about two months prior to the incident. As far as she knew, her three year old son had never tried to light a lighter before and had never shown any particular interest in the lighters. On the day of the incident, the respondent was seated at the kitchen table, clipping coupons out of magazines. She said her cigarettes and a lighter were on the table. Both of her sons were playing, and were in and out of the kitchen several times. She said she wasn't paying a great deal of attention to exactly what they were doing.

The respondent said she was alerted to the sound of the smoke detector going off in the livingroom, which is adjacent to the kitchen. When she got up from the table she could see smoke and when she entered the livingroom, she saw flames coming up from the back of the sofa. She called to her husband who was sleeping, and they both put out the fire. She found her cigarette lighter on the floor in back of the sofa. There were no extension cords or other sources of ignition in the immediate area. Her son had run to another part of the house before the respondent entered the livingroom. She said she could tell by his behavior that he knew he had done something wrong. On the day of the on-site visit, the three year old and his parents were going to a fire prevention counseling session put on by the fire department.

The sofa involved in the fire had been purchased new about one year ago. The tag from the sofa is attached as Ex. #4. The fire burned slowly and dripped onto the hardwood floor as shown in the attached photographs. The carpeting in the livingroom was going to be replaced and had been removed prior to the incident.

Damage was limited to the sofa, floor and the wall in back of the sofa, which was blackened. Damage was estimated at about \$1,000.

The child-resistant feature of the cigarette lighter was still functioning at the time of the on-site visit, and the lighter was nearly full of fuel. The lighter was collected as sample 97-830-3082 and forwarded to CRM through the sample custodian.

PRODUCT IDENTIFICATION

The cigarette lighter associated with this incident is a child-resistant, disposable butane lighter. The user has to push in a lever before turning the spark wheel, otherwise fuel is not released. The lighter is marked, [REDACTED]. The base of the lighter is marked, "R7 42 24 48". The lighter is marketed by [REDACTED].

The sofa which was ignited by the cigarette lighter was purchased new about one year prior to the incident. It is manufactured by [REDACTED].

ATTACHMENTS

1. Assignment document/incident report
2. Cigarette lighter data sheet
3. Upholstered furniture data sheet
4. Sofa label
5. Copy of sample collection report
6. Photograph

U.S. CONSUMER PRODUCT SAFETY COMMISSION

961031CCC5016

AUTHORIZATION FOR RELEASE OF NAME

.. Thank you for assisting us in collecting information on a potential product safety problem. The Consumer Product Safety Commission depends on concerned people to share product safety information with us. We maintain a record of this information, and use it to assist us in identifying and resolving product safety problems.

We routinely forward this information to manufacturers and private labelers to inform them of the involvement of their product in an accident situation. We also give the information to others requesting information about specific products. Manufacturers need the individual's name so that they can obtain additional information on the product or accident situation.

Would you please indicate on the bottom of this page whether you will allow us to disclose your name. If you request that your name remain confidential, we will of course, honor that request. After you have indicated your preference, please sign your name and date the document on the lines provided.

☒

You are hereby authorized to disclose my name and address with the information collected on this case.

☐

My identity is to remain confidential.

Barbara A. Henricks
(Signature)

11-18-96
(Date)

CH10

ACCIDENT INVESTIGATION REQUEST FORM

DOCUMENT NUMBER:

G94A0120A

DATE OF INCIDENT:

10/18/96

CATID: CARM07 1997

FOLLOW-UP REQUESTED

HAZARD ANALYSIS () CRM ☒

TYPE FOLLOW-UP

TELEPHONE () ON-SITE (X)

HEADQUARTERS CONTACT:

Michael Bogumill 504-0400 x1368

Backup:

Bob Poth

504-0400 x1375

ASSIGNMENT MESSAGE: For any child playing with fire involving a cigarette lighter. Determine the model and manufacturer's name, type of lighter (refillable/disposable and fluid/butane), operating mechanism, age of child who operated the lighter, and accident scenario. Describe operating mechanism in detail and collect lighter, if possible. Be especially alert to incidents involving child-resistant lighters which have had the child-resistant mechanism removed or otherwise, defeated. In such a situation, identify to retailer where purchased if the lighter was already defeated when purchased by the consumer.

The new regulation requiring disposable butane lighters and all novelty lighters to be child-resistant went into effect in July 1994.

*** ATTENTION ***

IF INCIDENT INVOLVED IGNITION OF A MATTRESS COMPLETE AND ATTACH MATTRESS QUESTIONNAIRE CONTAINED IN THE MATTRESS/BEDDING FIRES GUIDELINE SEPT 1994.

Person(s) to Contact:

Barbara Henick
412-776-1658

Guidelines: Appendix 45

Task Number:

961031CCC 5016

Date: 11/1/96

Assigned to:

CH10

Requested by:

CONSUMER PRODUCT INCIDENT REPORT

1. NAME OF RESPONDENT Barbara Henich		2. TELEPHONE NO. (Home) (Work) 612-776-1658	
3. STREET ADDRESS 1341 Idaho Ave. E.		4. CITY STATE ZIP CODE St. Paul, MN. 55106	
5. DESCRIBE ACCIDENT SITUATION OR HAZARD, INCLUDING DATA ON INJURIES. (Use second page if necessary.) The complainant had purchased a disposable cigarette lighter sometime within the last few months. She said it had the child resistant feature where you had to push down on a lever before activating it. She said it was sitting on the kitchen table as she was cutting out coupons. She said her 3 yr. old must have taken the cigarette lighter off the table when she wasn't looking. As she was sitting at the table the one of the smoke detectors in the home went off. When she went into the livingroom, the couch was on fire and the cigarette lighter was laying on the floor next to it. She was able to extinguish the flames without the fire department responding. There were no injuries and damage was limited to the couch and floor adjacent to it. <div style="text-align: center; font-size: 1.5em; font-family: cursive;">94D1031CCC5016</div>			
6. DATE OF INCIDENT(S) 10-18-96	7. IF INJURY OR NEAR MISS, OBTAIN AGE [] SEX [] AND DESCRIBE INJURY	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME RELATIONSHIP	
9. DESCRIPTION OF PRODUCT Disposable Butane Lighter <div style="text-align: center; font-size: 1.2em;">ISSUE 5</div>		10. BRAND NAME <div style="background-color: black; width: 100px; height: 1.2em; margin-top: 5px;"></div>	
11. MANUFACTURER/DISTRIBUTOR NAME, ADDRESS & PHONE <div style="background-color: black; width: 200px; height: 1.2em; margin-top: 5px;"></div> Made in the USA		12. MODEL, SERIAL NO.'S Unk 13. DEALER'S NAME, ADDRESS, & PHONE WALMART	
14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES [] NO [X] IF YES, BEFORE OR AFTER THE INCIDENT? DESCRIBE:		15. PRODUCT PURCHASED NEW [X] USED [] DATE PURCHASED [Unk] AGE [2 mos] 16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE:	
17. HAVE YOU CONTACTED THE MANUFACTURER? YES [] NO [X] IF NOT, DO YOU PLAN TO CONTACT THEM? YES [] NO [?] OTHER	18. IS THE PRODUCT STILL AVAILABLE? YES [X] NO [] IF NOT, ITS DISPOSITION	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES [X] NO []	
FOR ADMINISTRATION USE			
20. DATE RECEIVED 10-21-96	21. RECEIVED BY (Name & Office) Jerome R. Boog, MSP-RP	22. DOCUMENT NO. GB-A 0120A	
23. FOLLOW-UP ACTION Home Region 94D1031CCC5016		24. PRODUCT CODE(S) 1604	
25. DISTRIBUTION FOER, EHDS, FOER		26. ENDORSER'S NAME & TITLE Eric Ault, Regional Director	

#2

CHILDREN PLAYING WITH
CIGARETTE LIGHTERS
-DATA RECORD SHEET-

(For All Incidents Assigned Under BUNNO2)

1. Task Number 961031CCC5016
2. Date of Accident 10/18/96
3. Sex of Child MALE
4. Age of Child 3 years old

If the child who lit the lighter is under 6 years old, complete items 5 through 9.

If the child is 6 years or older, terminate at this point and submit an abbreviated SF 182. Include the child's age and sex in the synopsis along with a brief accident scenario. A separate narrative is not necessary.

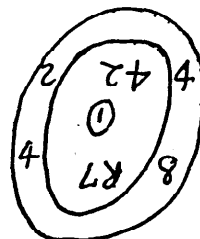
5. Describe the accident scenario in the narrative portion of the investigation report. The narrative, which should be on a separate page, would include information on how the accident occurred, how severely the child and/or others were injured, and how much property damage was caused by the fire.

6. Kind of Lighter (Check one)
Disposable-Regular Size ☒
Mini Size ☐
Size Unknown ☐

Refillable No
Unknown ☐

7. Lighting Mechanism (Check one)

Roll and Press ☒
Press Only ☐
Other (specify) ☐
Manufacturer/Model [REDACTED]



8. Obtain copy of fire incident report from fire department.
FIRE DEPT. NOT CALLED. FIRE EXTINGUISHED
By Homeowner. LIGHTER COLLECTED AS
SAMPLE 97-830-3082.

961031CCC5016
#3-



INVESTIGATION GUIDELINE

Attachment A

DATA RECORDING SHEET FOR UPHOLSTERED FURNITURE FIRES
(To be attached to CPSC Form 182, Epidemiologic Investigation Report
along with a copy of the Fire Incident Report)

Task Number 961031CCC5016 Incident Date 10/18/96

A. **PRODUCT DESCRIPTION:** ☒ Sofa/Couch ☐ Chair ☐ Sofa bed ☐ Other _____

1. Was upholstered furniture slipcovered? ☐ Yes ☒ No ☐ Unknown

2. Had it been reupholstered? ☐ Yes ☒ No ☐ Unknown

3. Manufacturer/Distributor/Brand [REDACTED]

4. Purchased: ☒ New ☐ Used ☐ Unknown

If used, specify how obtained (e.g., garage sale, etc.) _____

5. Date Furniture Purchased: 1995 Furniture Age one year

6. Standard Certification Labeling; e.g., UFAC or California standard: (Copy)

None observed.

B. **POINT OF FIRE IGNITION ON FURNITURE:** Describe where fire started on upholstered furniture.

☐ Skirt ☐ Seat cushion ☐ Inside back ☐ Inside arm

☒ Back ☐ Side ☐ Underside ☐ Crevice

☐ Welt Cord ☐ Tuft ☐ Other _____

C. **AGE (IN YEARS) OF PERSON INVOLVED IN IGNITION** (if appropriate): _____

☒ LT 5 yrs. old ☐ 5 - 14 ☐ 15 - 64 ☐ 65 + 9/96-3 y/L

D. **PRODUCT INVOLVED AS HEAT SOURCE AND TYPE** (Check):

☒ Lighter ☐ Match ☐ Candle ☐ Heater ☐ Fireplace

☐ Other (specify) _____

☐ Unknown



INVESTIGATION GUIDELINE

If lighter, specify type:



Child-resistant



Not child-resistant



Unknown

If match, specify type:



Book



Box



Unknown

If heater, specify fuel source and distance from furniture:

Fuel source

Distance from furniture

E. DETECTION OF FIRE

7. Detector (smoke, heat, c.o., sprinkler) present?



Yes



No



Unknown

If yes, specify type: Smoke

8. Detector went off (alarmed)?



Yes



No



Unknown

9. If no, do you know any reason why not; e.g., unpowered, fire too small, etc.?

10. About how soon was the fire discovered after it started? < 1 minute

F. VICTIM(S)

0

Number of Deaths

0

Number of Injuries

G. Socio-Economic Data:

11. Education level of head of household:



Less than high school



High school



Some College

12. Total household income:



LT \$15,000



\$15,000 - \$34,999



\$35,000 +

13. Approximate home market value:

\$55,000


Rent



Own

General Description: Provide general description, including all other relevant factors and information on the investigation form.

961031CCC5016
#4

UNDER PENALTY OF LAW
THIS TAG NOT TO BE REMOVED
EXCEPT BY THE CONSUMER

ALL NEW MATERIAL
CONSISTING OF

POLYURETHANE 85%
POLYESTER FIBER-
BOTTING 15%

961031CCC 5016

LIC. NO. N.Y. 11135 (CMS)

CERTIFICATION IS MADE
BY THE MANUFACTURER
THAT THE MATERIALS IN
THIS ARTICLE ARE DE-
SCRIBED IN ACCORDANCE
WITH LAW.

MADE IN U.S.A.
BY
H. S. A. COMPANY

DATE OF DELIVERY

DEALER 82099529

ACK/LINE/ITEM 407202226-001-010

STYLE 030438

COVER B253335

PLANT NEWTON

SKU

PURCHASE ORDER 07184802

EXPECT TO SHIP 081594

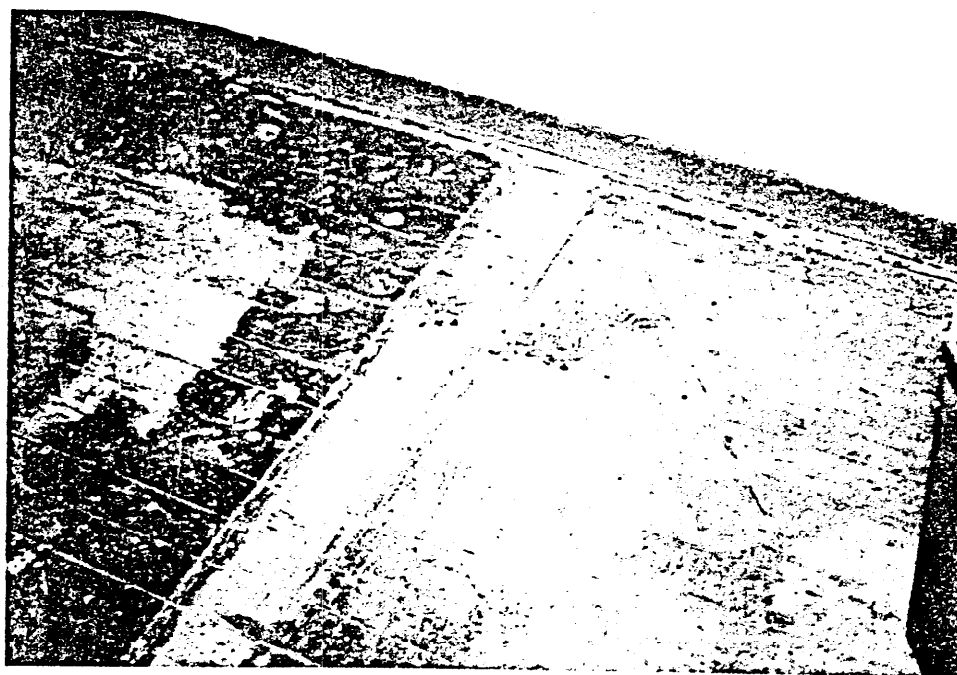
U.S. Consumer Product Safety Commission
SAMPLE COLLECTION REPORT

1. Sample Flag CONSUMER SAMPLE		2. Date Collected 11/18/95		3. Sample Type and Number: 97-830-3082 <input checked="" type="radio"/> Physical <input type="radio"/> Documentary	
4. Product Name CIGARETTE LIGHTER		4b Model R7		4c NEISS 1604	
5. Assignment Number		7. MIS 33758		8. Hours Activity <u>3</u> Travel <u>1</u>	
6. Complete for Import Samples Port of Entry: _____ Country of Origin: _____ Entry No. and Date: _____ Customs Contact: _____		9a Home RO FOER		9b Collecting RO FOCR	
10. Sample Cost \$0.00		11. Invoice Value of Lot \$0.00		12. Size of Lot 1	
13. Manufacturer/Importer # BIC001 [REDACTED]		14. Shipper/Foreign Manufacturer		15. Dealer/Import Broker # WAL005 WALMART 702 S.W. EIGHTH STREET BENTONVILLE, AK 72716	
16. Supporting documents attached: Invoice No. and Date: _____ Date Shipped: _____ Shipping Record and Date: _____ Affidavit Signer's name, title and date: _____					
17. Product Identification: disposable lighter with yellow plastic body. Liter idio, [REDACTED] USA R7 42 24 48"					
18. Reason for collection/analysis needed: <input type="radio"/> FHSA <input checked="" type="radio"/> CPSCA <input type="radio"/> FFA <input type="radio"/> PPPA <input type="radio"/> RGA collected during id1 961031CCC5016-Fire Incident.					
19. Summary of Field Screening: None					
20. Sample size/method of Collection: One lighter collected from consumer. Liter ident as in #21 and pld in plastic bag, bag pld inside metal container sealed as in #22.					
21. Identification on sample: 97-830-3082		DDO 11/18/93		22. Identification on seal and date: 97-830-3082 Dennis D. Donath 11/18/95	
23a. Sample delivered to: UPS		23b Date 11/25/93		24. Report/Record Sent to: FOER	
25. Laboratory/Office: LSHL _____ LSEL _____ CRM <input checked="" type="checkbox"/> CCA _____ Other _____					
26. Remarks: Sample receipt, assignment document and copy of cigarette lighter card sheet attached. Sample held in locked cabinet until sealed.					
27. Related Samples: none					
28a. Collector's name/title: Dennis D. Donath Senior Resident Investigator		28b Collector's signature/date: [Signature] 11/25/96			
29a. Reviewer's name/title:		29b Reviewer's signature/date:			



PHOTOS 1 & 2

A fire occurred in the livingroom of a one story single family home, behind the sofa shown in these photos. A smoke detector on the ceiling of the livingroom sounded an alarm, alerting the respondent who was in the kitchen. The kitchen is next to the livingroom, about 15 feet from the fire origin.



PHOTOS 3 & 4

The fire started at the back of the sofa. Carpeting in the livingroom was being replaced, and had been removed prior to the fire. The burning fabric dripped onto the hardwood floor and blackened the wall behind the sofa. Damage was estimated at \$1,000.

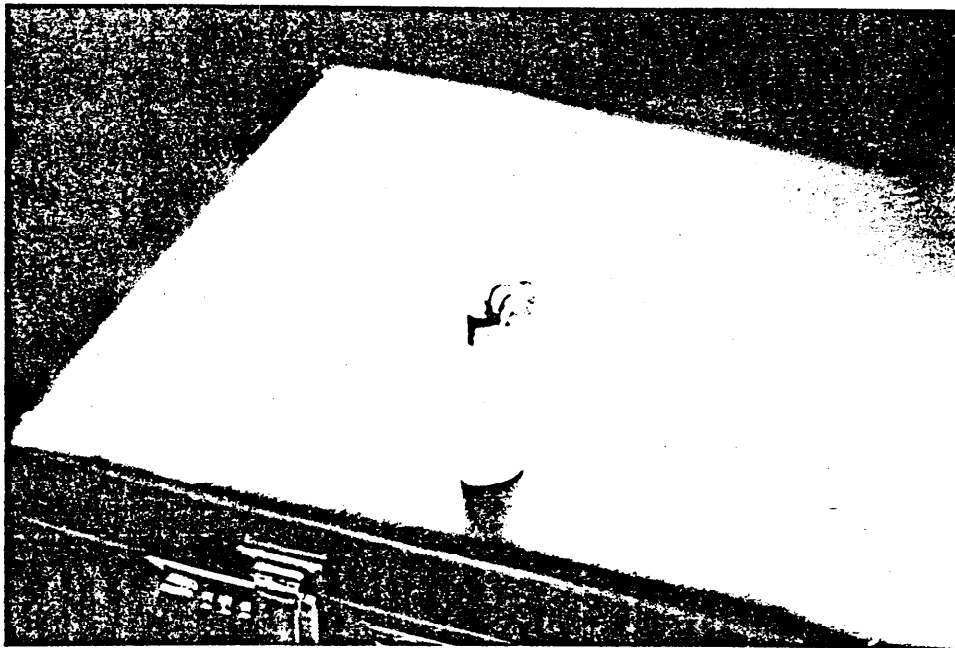


PHOTO NO. 5

view of the child-resistant, disposable butane cigarette lighter which the three year old boy used to start the fire. It was collected as sample 97-930-3082. Markings on the base of the lighter were, "R7 42 24 48" The light was made in the USA.

1. CASE NUMBER 961114HCC5048		2. INVESTIGATOR'S ID 8 1 7 3		3. OFFICE CODE 8 0 0		EPIDEMIOLOGIC INVESTIGATION REPORT	
4. INCIDENT DATE YR MO DAY 9 6 0 9 1 7		5. DATE IDI INITIATED YR MO DAY 9 6 1 1 2 5					
6. SYNOPSIS OF INCIDENT OR COMPLAINT A three unit row house was destroyed by a fire which was started by a four year old boy playing with a disposable type grill lighter in one of the units. The boy ignited the sofa in the living room of his home. The boy's mother suffered a fractured ankle during the family's escape from their home. There were no other injuries.							
7. LOCATION Home - Living Room 1 0		8. CITY Carnegie		9. STATE P A			
10A. FIRST PRODUCT Grill Lighter 1 2 4 7		11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS Unknown					
10B. SECOND PRODUCT Sofa 0 6 7 9		11B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS					
12. AGE OF VICTIM 0 0 0		13. SEX Female 2		14. DISPOSITION Hospitalized 4		15. INJURY DIAGNOSIS Fracture 5 7	
16. BODY PART Ankle 3 7		17. RESPONDENT(S) Fire Marshal; Fire Chie; 3 Code Officer; Bldg. owner		18. INVESTIGATION TYPE Other 3		19. TIME SPENT 1 0. 0	
20. ATTACHMENTS Police and Fire Reports 2		21. CASE SOURCE Newspaper 0 5		22. REVIEWED BY 8962		YR MO DAY 97 02 13	
23. PERMISSION TO DISCLOSE NAMES (NON-NEISS CASES ONLY) CPSC MAY DISCLOSE MY NAME <input type="checkbox"/> CPSC MAY NOT DISCLOSE MY NAME <input checked="" type="checkbox"/>							
24. NARRATIVE (See Instructions on Page 2)				25. REGIONAL DIRECTOR REVIEW DATE 2-14-97			
(USE ADDITIONAL SHEETS IF NECESSARY)							

The information regarding this fire was obtained from the fire chief, fire marshal, police department, ambulance personnel, building owner and the fire investigation firm hired by the building owner's insurance carrier. The medic who attended the victim at the scene and transported the victim to the hospital was the only person who spoke to the victim after the fire. The police, fire chief and fire marshal obtained the victim's version of the events which caused the fire from the medic.

Attempts to contact the victim were not successful. The family does not have a telephone listing and they did not respond to a letter.

PRE-ACCIDENT:

The fire occurred in an end unit of a three unit, 2 1/2 story row home of wood frame construction. The unit where the fire occurred was occupied by a family consisting of a husband and wife and their two children; a four year old boy and a daughter approximately twelve months old. The family moved into the home six months prior to the fire.

The middle unit was vacant at the time of the fire. The occupant of the other end unit was not home at the time of the fire.

A portable gas grill with an attached 20lb. size propane tank was located on the front porch of the home (unit). The tank's valve was on at the time of the fire. The lighter involved in this fire was used by the family to light the grill.

It is not known where the lighter was stored in the house or what precautions were taken to keep the lighter away from children. It is not known if the four year old boy was attracted to the lighter or had a history of playing with the lighter.

The fire occurred during the late afternoon of 9/17/96. According to the medic who spoke to the mother after the fire, the mother was in a second floor bedroom attending her infant daughter when the fire started. She smelled smoke or was alerted by a smoke detector and she went to the first floor to investigate.

ACCIDENT:

The mother went to the first floor living room and found a "pillow" burning on the living room sofa. It is not known if the burning object was a pillow or if the mother referred to a sofa cushion as a pillow. The four year old son was near the sofa and he was holding the grill lighter. The mother assumed the victim started the fire with the lighter. The mother immediately removed the burning "pillow" from the sofa and threw it out the front door. The fire had spread to the sofa and the mother attempted to extinguish the sofa with pans of water from the adjacent kitchen.

The gas grill was located on the front porch in front of the door. The mother was not aware that the burning "pillow" landed against the grill's propane tank. While the mother was attempting to extinguish the burning sofa in the living room, the burning pillow burned through the rubber gas hose from the tank to the grill and the gas tank ignited. The flame from the burning gas tank was directed toward the front door.

POST ACCIDENT:

The mother was not able to extinguish the burning sofa. She then retreated upstairs with her four year old son to save her infant daughter. The mother and the two children became trapped on the second floor. They could not escape through the first floor due to the fire in the living room and the fire burning from the front porch.

A man driving by the house noticed the fire and heard the mother screaming. He and other persons who stopped ran to the rear of the house and saw the victim and her two children at a second floor window. He convinced the victim to drop the two children from the window and he convinced the victim to jump from the window.

The local emergency dispatch center (911) received several calls reporting the fire. The fire was reported at 1757 hours. The police and local fire department arrived a few minutes later. The victim and her two children were rescued from the house by the passerby prior to the arrival of the fire department.

According to the medic, the victim received a fractured ankle in her jump from the window. The two children did not appear to be injured. The victim and two children were immediately transported to the hospital. The two children were examined and released without treatment. The mother was admitted and hospitalized for one or two days for treatment of her fractured ankle.

The building was destroyed by the fire. Damage was estimated at approximately \$100,000.00 by the fire marshal. The owner of the building declined to provide a specific dollar amount for the loss but agreed that the loss was approximately \$100,000.00.

The county fire marshal conducted an investigation of the fire on the evening of the fire. The fire marshal determined the fire originated in a sofa in the first floor living room. The sofa was destroyed in the fire. A secondary fire occurred on the front porch after the burning pillow ignited the grill's propane tank. The propane tank fire contributed significantly to the severity of the fire and to the destruction of the building.

The police and fire chief informed the fire marshall that the fire was reportedly started by a child who ignited the sofa with a grill lighter. The evidence at the scene agreed with that scenario and the fire marshal determined that the fire was caused by the victim's four year old son playing with a lighter. The fire marshal did not recover the lighter from the fire debris. The fire marshal was not able to determine if the first object ignited was a cushion from the sofa or an unrelated pillow which was on the sofa.

A fire investigation engineering firm was hired by the building owner's insurance carrier to investigate the cause of the fire. The firm's investigation agreed with the fire marshal's findings. The firm sifted through the ashes at the scene and was not able to locate the lighter involved in the fire. It is assumed the lighter was consumed in the fire.

PRODUCT IDENTIFICATION

The product involved in this fire was a disposable type butane grill lighter. No more specific information about the lighter is known. The lighter was consumed in the fire.

No information is known about the sofa involved in this fire. The sofa was consumed in the fire.

EXHIBITS:

1. A copy of the fire marshal's report.
2. A copy of the police report.

Page II
Ben Fink ph 16

ACCIDENT INVESTIGATION REQUEST FORM

Document Number N96A0100A
Date of Incident 9/17/96 Category I.D. BUNNOL 1997

Follow-Up Requested Hazard Analysis Section 15
Type Follow-Up Requested Telephone Call or On-Site

Headquarters Contact Linda Guiton

Assignment Message Describe the product involved, brand name, description of physical dimensions & lighting mechanisms. What did occupant use light for? Where was it kept? Determine age of child who started the fire. Obtain details of deaths or injuries including treatment and the amount of property damage. Conduct on-site when product is available for inspection.

Person(s) to Contact [REDACTED] (Name)
fire officials

Guideline _____

Requested By _____

Task Number 961114 HAC 5048

Assigned to MAJC Date 961114

FOER

CPSC Form 324 (2/90)

THURSDAY
SEP 18 1996

TRIBUNE-REVIEW
(PITTSBURGH EDIT.)
GREENSBURG, PA
DAILY

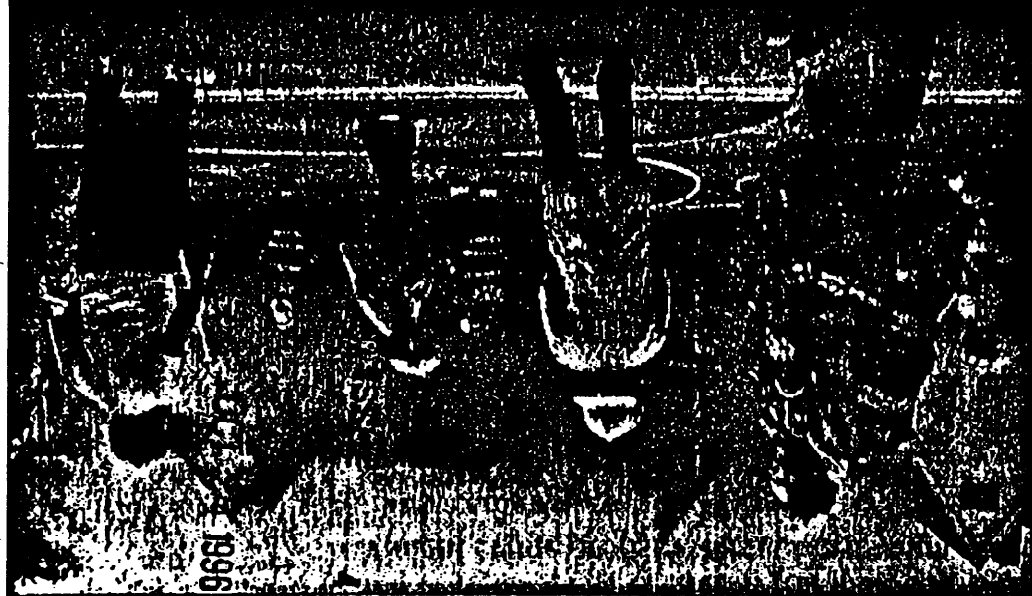
961114 HRC 5048

SCOTT TOWNSHIP

FRONT PAGE

Children saved from burning home

W. Watson photo



Man driving by catches
as mother tosses kids
from 2nd-story window

By Jason Bokure

TRIBUNE-REVIEW

stood on the back
deck of a burning house in Scott
Township Tuesday and argued
with a woman he did not know.
After catching the two children
she dropped from the second-story
window, he could not persuade
a fire that produced smoke seen
and smelled by commuters
descending Green Tree Hill as they
drove home on the Parkway West.
"She was raging," the
said. "She would not come out."
"Looked like she broke her ankle
and bashed her nose," said
a resident of the Oakwood section
of Pittsburgh who was driving by
at the time of the fire.
Three-unit house at
Road, was in serious condition last
night at Allegheny General Hospi-
tal. Her son, a toddler, and
daughter, an infant, were
taken to Allegheny General, but
were not admitted.
Scott Township Building Inspec-
tor Bill Quinn said the fire began

shortly after 6 p.m. when the boy
got hold of an electric charcoal
lighter and lit a pillow in the house.
Apparently saw the
burning pillow and threw it out her
front window, Quinn said, but the
fire had already begun to spread.
It was then that several neigh-
bors said they heard an explosion,
which could not immediately be
explained last night. The fire flared
to all three rental units in the
house and threatened other houses
along Noblestown Road in the East

Carnegie section of Scott Town-
ship. "It was just a loud boom," said
neighbor, "and every-
thing just went up, everything
went."
Fire and police units were called
from Scott, Carnegie, Bridgeville
and Pittsburgh. Fire officials origi-
nally feared that the fire would
spread to neighboring multitenant
dwellings. They were scorching, but
doused with water and spared.
owner of the build-

ing, said he and his wife, who
lived in a unit for 10
years before moving out and leav-
ing it six months ago.
"It's just a shame," he said. "I
just recaped the whole middle
unit last Thursday."
Lang said the middle unit was
vacant, and the unit at
elderly man named
who was losing his luck at
the race track.
"He's a lucky man," Quinn said.

N96A-0160A

7C-20

9/17/96

BOUNDA 1997

COUNTY OF ALLEGHENY
FIRE MARSHAL'S OFFICE
FIRE INVESTIGATION REPORTCCR NO. 6691-96FM NO. 202-96FIRE DATE: 9/17/96 TIME ALARM: 1757 HRS. MUNICIPALITY: SCOTT TWP.INVESTIGATION DATE: 9/17/96 INVESTIGATION TIME: 1854 HRS.TYPE OF STRUCTURE: SINGLE FAMILY A WEATHER: WARM/DRYOCCUPANT: [REDACTED] FAMILY PHONE: UNKNOWNADDRESS: [REDACTED] ED., CARNEGIE, PA. 15106 (SCOTT TWP.)OWNER: [REDACTED] PHONE: [REDACTED]ADDRESS: [REDACTED], PITTSBURGH, PA. 15205INSURANCE: YES ☒ NO ☐ ()NATURE OF FIRE: ACCIDENTAL ☒ (X)INCENDIARY ☐ ()UNDETERMINED ☐ ()

REMARKS: FIRE CAUSE ACCIDENTAL. POINT OF ORIGIN; SOFA 1ST. FLOOR LIVING ROOM. SOURCE OF IGNITION, CHILD PLAYING WITH LIGHTER. FIRE SPREAD VERTICAL AND HORIZONTAL THROUGH FIRST MATERIAL IGNITED INTO OTHER CONTENTS AND STRUCTURAL MEMBERS BEYOND BUILDING OF ORIGIN. DAMAGE ESTIMATE \$100,000.00.

INJURIES: YES ☒ NO ☐ () SEE REMARKSDEATH: YES ☐ () NO ☒ (X)FIRE DEPARTMENT: EAST CARNEGIE VFD PHONE: 276-7050FIRE OFFICIAL IN CHARGE: MYKITA, JAMES TITLE: FIRE CHIEFPOLICE DEPARTMENT: SCOTT TWP. PD PHONE: 276-2323POLICE OFFICIAL IN CHARGE: AUGUSTINE, FRANK TITLE: PTLM.COUNTY POLICE FOLLOW-UP INVESTIGATION REQUESTED YES ☒ (X) NO ☐ ()

ACP INVESTIGATION REQUESTED BY NAME: _____

TITLE: _____

FIRE INVESTIGATOR: THOMAS W. HITCHINGS TITLE: DEPUTY FIRE MARSHALAPPROVED BY: *Thomas M. Fitzgerald* TITLE: SUPERINTENDENT, ACP

DATE FORWARDED: _____

961114HCC 5048 Ex # 1 1/6



County of Allegheny
FIRE MARSHAL

CAUSE AND ORIGIN NARRATIVE

LOCATION [REDACTED]		VICTIM [REDACTED]	FM NO. 202-96
INVESTIGATOR THOMAS W. HITCHINGS		FIRE MARSHAL <i>Donald M. Fitzgerald</i>	DATE/TIME 9/17/96 1757 HRS.
			CCR NO. 6691-96

On Tuesday September 17, 1996 at approximately 1757 hours the East Carnegie VFD and Scott Twp. Police responded to a reported structure in a occupied dwelling located at [REDACTED] Carnegie, Pa. 15106 (Scott Twp.). On their arrival they observed heavy fire and smoke showing from the front involving three single family townhouse type structures, [REDACTED]

[REDACTED] It was learned that all occupants were out of the structures at this time and they proceeded to extinguish and overhaul the fire. It was also learned that the occupants at [REDACTED] were rescued by a passing motorist [REDACTED] that noticed the fire on the front porch. The occupants were [REDACTED] and her two young children. The children were dropped from the second floor rear window to Mr. [REDACTED] and than [REDACTED] jumped from the window. All three persons were transported to the hospital by Carnegie EMS, injuries unknown at this time. Other information learned was that [REDACTED] was vacant since June 1996 and that the occupants at [REDACTED] were not at home at the time of the fire. It is unknown at this time as to who first reported the fire.

It should be noted that the Pittsburgh Bureau of Fire received a reported structure fire on Alder St., City of Pittsburgh, at approximately 1803 hours which is located in the same area of the above fire. Fire zone 5-11 was dispatched and on arrival it was learned that this call was for the same fire. It was than requested by the East Carnegie VFD Fire Chief for the Pittsburgh Fire Department to assist in the extinguishment of this fire.

On Tuesday September 17, 1996 at approximately 1814 hours this investigator was dispatched by the Allegheny County Police Radio to respond to the above listed fire scene. This request came from James Mykita, Fire Chief, East Carnegie VFD. On

961114 HCC 5048 EX #1 2/6



County of Allegheny
FIRE MARSHAL

CONTINUATION REPORT

PAGE NO.
2

DATE/TIME OF THIS REPORT
9/17/96 1854 HRS.

FM NO.
202-96

NARRATIVE

ORIG. C.C.R. NO.
6691-96

██████████ CARNEGIE, PA. 15106

arrival at approximately 1854 hours this investigator met with Chief Mykita and Frank Augustine, Scott Twp. Police Officer to assist in the origin and cause investigation.

BUILDING DESCRIPTION:

The structure involved was a two and a half story wood frame and insulbrick tri-plex type townhouses which consisted of three single family units with a pitched roof and full basements.

OWNERSHIP:

The structure is owned by ██████████ Address ██████████
██████████, Pittsburgh, Pa. 15205. Phone number ██████████ The structure is insured through the Erie Insurance Company.

OCCUPANTS:

██████████ is occupied by ██████████
██████████ along with there two young children. Phone number unknown. It is also unknown if they have renters insurance at this time.

██████████ has been vacant since June 1996.

██████████ is occupied by ██████████ and his sister ██████████ Phone number unknown. It is also unknown if they have renters insurance at this time.

INFORMATION RECEIVED:

It was learned from Chief Mykita and Officer Augustine that the fire was started by the 4 year old child of Mr. and Mrs.

██████████ in the sofa located in the first floor living room,

Information received was that the child was playing with a butane type grill lighter and ignited the sofa pillow and that Mrs. ██████████ placed the burning pillow outside on the front porch and attempted to extinguish the sofa inside with water from the kitchen sink. However, this attempt failed and she went to the second floor to rescue her children and was forced to exit through the rear second floor window with the help of ██████████, as listed above.

It should be noted that this investigators report reflects

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County of Allegheny
FIRE MARSHAL

CONTINUATION REPORT

PAGE NO. 3	DATE/TIME OF THIS REPORT 9/17/96 1854 HRS.	FM NO. 202-96
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NARRATIVE

ORIG. C.C.R. NO. 6691-96

[REDACTED] CARNEGIE, PA. 15106

the origin and cause portion of the incident along with a interview of [REDACTED] Results of all other interviews conducted are reflected in Scott Twp. Police and Fire reports.

INTERVIEW OF WITNESS:

[REDACTED], D.O.B. 3/21/70

[REDACTED]
PITTSBURGH, PA. 15205

Mr. [REDACTED] stated that he was on his way home driving when he noticed a fire on the front porch at [REDACTED] He parked and ran over to the porch, however the fire was blocking entry to the front entrance door. At this time he did observe fire and sparks inside the first floor front living room area. He than ran to the rear of the structure to check for possible occupants. He attempted to open the rear sliding glass doors, however, he was hit with heavy blackish smoke and heat and closed the door from the side. It was at this time he learned that a woman and two children were trapped on the second floor. He than caught the two children which the woman dropped to him and attempted to catch her, however, she was injured in the jump.

ORIGIN AND CAUSE INVESTIGATION:

After a complete exterior and interior examination was conducted on the above listed structure, it is the opinion of this investigator that the fire cause is accidental in nature. From this examination it was determined that the area of origin was located in the first floor front living room of [REDACTED]

[REDACTED] A close examination of the burn patterns and fire behavior in this area showed point of origin located in the sofa along the northeast wall. Source of ignition through information received showed that of the actions of a child playing with a lighter. Fire spread showed that of vertical and horizontal through the first material of the sofa ignited into the sofa and other contents and structural members causing room flashover to

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County of Allegheny
FIRE MARSHAL

CONTINUATION REPORT

PAGE NO. 4	DATE/TIME OF THIS REPORT 9/17/96 1854 HRS.	FM NO. 202-96
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NARRATIVE

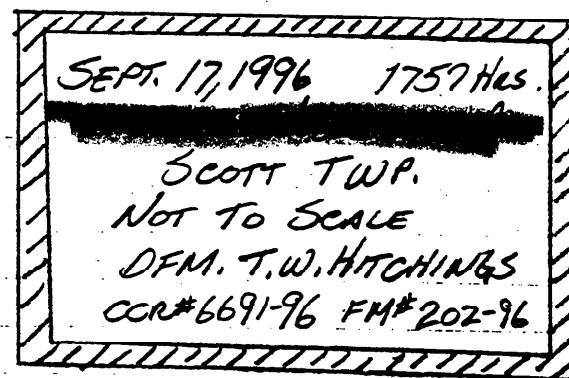
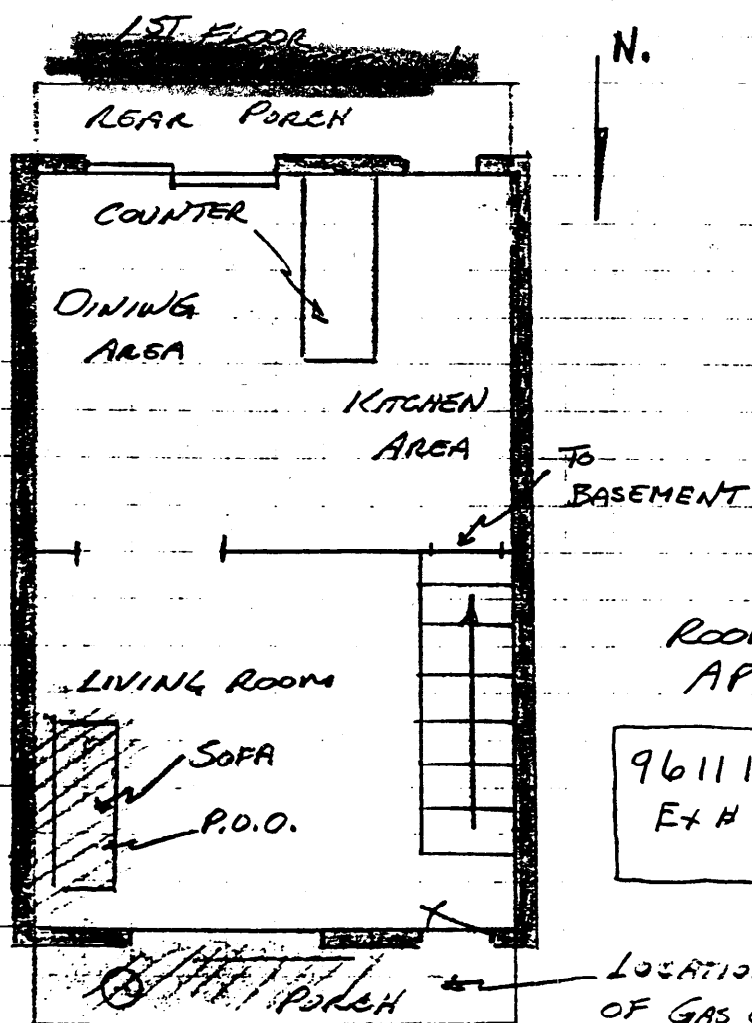
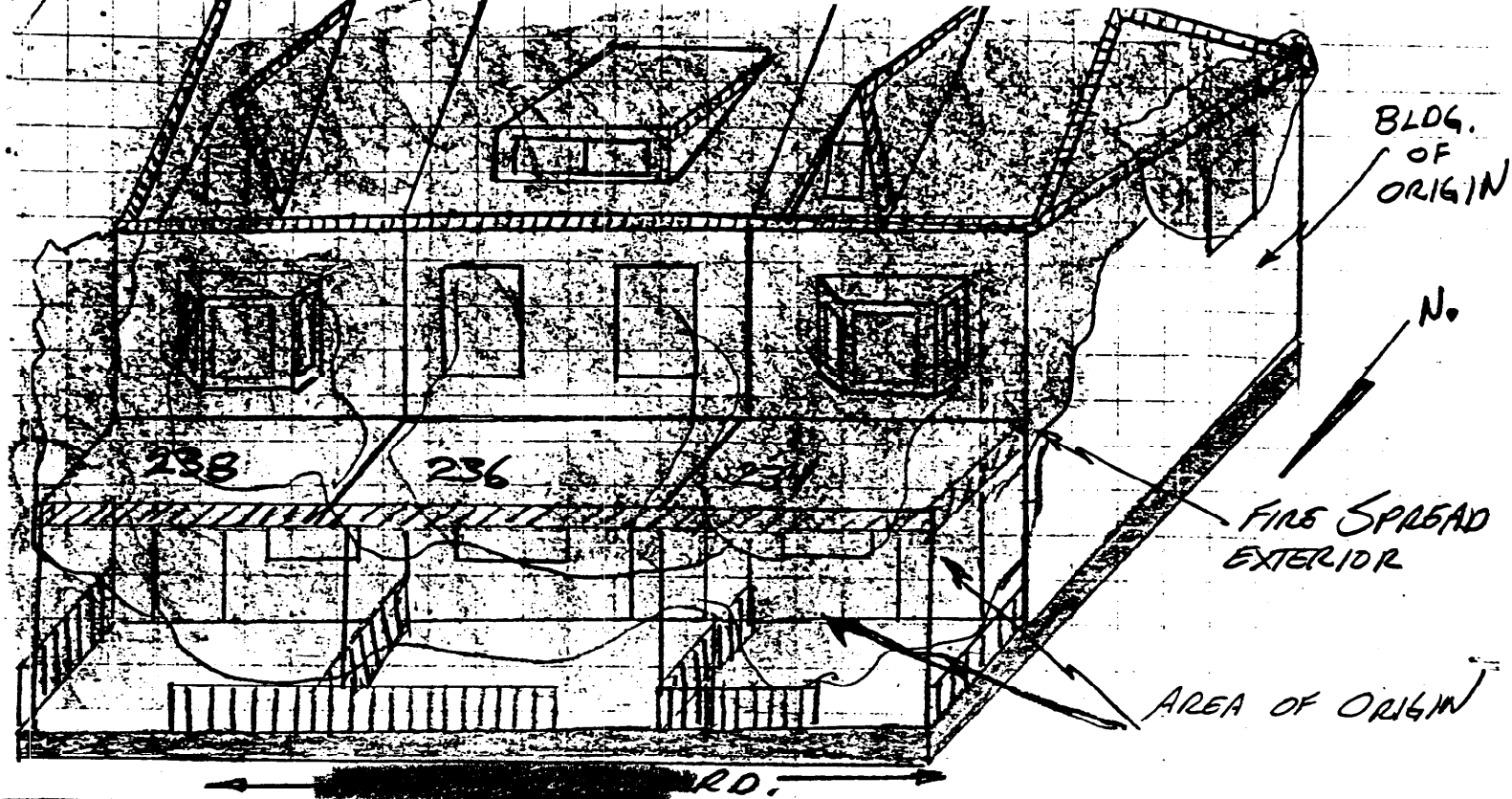
[REDACTED] CARNEGIE, PA. 15106

ORIG. C.C.R. NO.
6691-96

occur. It was also noted through this examination that the attempt by the occupant to extinguish the fire and placing the burning pillow on the exterior front porch started a second fire to occur in the porch contents and structural members. These contents included a propane gas tank connected to a gas grill that ruptured and added to the fire spread beyond building of origin.

It should be noted that a sketch of the scene was prepared by this investigator.

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ROOM OF ORIGIN
 APPROX. 21'X16'X8'

961114 HCC 5048
 E+H 1 6/6

LOCATION
 OF GAS GRILL & BURNING SOFA PILLOW &
 OTHER CONTENTS
 ON PORCH.

PAGE 2

threw the cushion onto the porch and ran to the kitchen for water to put out the fire, but by that time, the fire was out of control. The downstairs was on fire and the house was full of smoke so she ran upstairs with her son to get the baby. It was at this point, after she got her baby, that she dropped her children to safety then jumped herself.

The Allegheny County Fire Marshal was called to the scene. Deputy Marshal Thomas W. Hitchings arrived and conducted the fire scene investigation. Preliminary investigation by the deputy fire marshal corroborated the information received from the victim through the ambulance personnel.

It should be noted that the triplex is owned by [REDACTED]

[REDACTED] Pa. 15205 [REDACTED]

CASE STATUS: Cleared

961114 HCC5048
EX #2 2/2

SCOTT TOWNSHIP POLICE DEPARTMENT
FIELD CASE REPORT

FIRE/STRUCTURE

S19

17 Sep 96, 1757 hrs.

6-04480

Ptln. F. Augustine, #804

Supervisor

VICTIM INFO:

On the above date and time, I was dispatched to the vicinity of the [REDACTED] for a structure fire. Upon my arrival at 1802 hrs., I observed a two story, three unit([REDACTED]) house engulfed in flames. The flames were rolling out of the front porch area and up the front of the house. I immediately notified the dispatch to alert all the fire departments to respond. East Carnegie VFD arrived at the scene along with me. Neighbors on the scene advised me that everyone was out of the house. At this time, it appeared that [REDACTED] Rd. were also in danger of catching fire. I could hear a dog barking inside [REDACTED] Rd. After knocking on the door and receiving no response, I kicked the door in to check if it was occupied. Both [REDACTED] were found unoccupied.

I then proceeded to interview [REDACTED] who was one of the first on the scene and he supplied the following information: He observed the fire on the front porch of [REDACTED] and could hear a woman screaming in the rear of the house. There was a large amount of smoke at the time of the fire. He, along with [REDACTED] and [REDACTED], ran behind the house and found the victim and her two children hanging out of an upstairs window. He instructed her to drop the children down and that they would catch them. After dropping the children to safety, she then jumped out of the window. She sustained a broken ankle upon hitting the ground. During the course of my interview with Mr. [REDACTED], the victim and her two children were attended to and subsequently transported to Allegheny General Hospital for treatment by Carnegie VFD ambulance.

It was learned later from ambulance personnel attending to the victim that she related to them that her three year old son, [REDACTED] was playing with a grill lighter in the livingroom of their residence and a cushion on the couch caught on fire. She

96114HCC 5048 EX #2 1/2

[illegible]

Pre-Event

The fire occurred in a single family home located in a suburban community. The home was a 30 year old wood frame single story dwelling with a metal roof and brick exterior. The respondent said that the market value of the home was approximately \$110,000. The home was occupied by a married couple with a 3-1/2 year old daughter and a 3 month old son.

The wife said that her daughter did not show any interest in fire or lighters before the fire. She said that her daughter did not appear to be attracted to lighters and was not known to have played with a lighter before the fire. She said that her son and daughter were attended by a 70 year old female baby sitter during work days.

The wife said that a barbecue type lighter was purchased at a retail hardware store approximately three months before the fire. She said that the lighter was originally used to light the pilot light for a propane refrigerator in their travel trailer. She said that the lighter was subsequently used to light the fireplace in the living room of their home.

The wife said that the lighter was stored on the mantle of the fireplace. She said that Christmas decorations were located on the mantle when the lighter was first placed on the mantle. She said that the lighter was not readily visible behind the Christmas decorations. She estimated that the lighter may have been used a total of 12 times before the fire. She said that her daughter did not help or express an interest in lighting the fireplace.

The wife said that she removed and stored the Christmas decorations on the day before the fire. She said that lighter was exposed on the mantle for the first time after she removed the decorations.

Event

The wife said that the baby sitter was caring for the children in their home when the fire occurred. She said that the baby sitter was feeding their 3 month old son in the family room when the fire started. She said that the baby sitter thought that their daughter was playing in the bedroom. She said that their daughter apparently went into the living room and climbed to remove the lighter from the mantle. She said that their daughter apparently was playing with the lighter and ignited the side of the couch.

The wife said that the daughter ran into the family room after the fire started. She said that the smoke detector sounded an alarm but the baby sitter's hearing was diminished and the baby sitter did not recognize the sound of the alarm. She said that the baby sitter asked the daughter about the noise and the daughter told the baby sitter that the noise was coming from the television. She said that the baby sitter went to check the source of the noise and found the fire.

The wife said that the baby sitter returned to the family room to retrieve their son. She said that their daughter tried to run and hide. She said that the baby sitter had to locate and retrieve their daughter. The wife said that the baby sitter tried to call the fire department before exiting the house but the phone was dead. She said that the baby sitter carried their son and escorted their daughter out through patio doors in the rear of the home. She said that the draft from opening the doors caused the fire to flare. She said that flames swirled around the baby sitter as she went out through the doors. She said that their daughter was directly in front of the baby sitter and was shielded by the baby sitter's body. She said that the baby sitter and son sustained burns on their exposed skin.

The wife said that the baby sitter went to a neighbor's house to call the fire department. She said that another neighbor observed the fire and called the fire department at the same time. The alarm was recorded at 1:30 p.m. according to the fire report. The fire caused an estimated \$42,00 according to the fire department report. The wife said that the baby sitter were transported to an urban trauma/burn center hospital.

Post Event

The son was treated and released. He sustained partial thickness burns on his face and scalp according to the medical records. The son's injured body surface was 3 percent according to the report. The baby sitter sustained burns on her face, back and forearm according to the medical report. The total surface percentage was not stated. The was held overnight for observation due to concern about respiratory injury due to smoke inhalation. The baby sitter was released for outpatient treatment. Copies of the medical records are attached.

The fire was investigated by the Deputy County Fire Marshal. The Deputy identified the cause of the fire as a juvenile playing with a butane fireplace lighter. The Deputy identified the side of the couch as the area of origin of the fire. The wife said that the side of the couch appeared to be the area where the fire started. She said that exact point of origin and the first material ignited was not identified by the investigating officials. A copy of the report is attached. The lighter was not preserved as evidence after the fire according to the Fire Marshal's Office.

The wife said that the brick exterior and metal roof of the home trapped heat from the fire causing more extensive damage than estimated by the fire department. She said that house required demolition and complete replacement after the fire. She said that replacement of the house and contents cost an estimated \$235,000.

First Product Identification

Brand: [REDACTED]

The respondent identified the lighter as a [REDACTED] barbecue type lighter. She said that the lighter was red colored with a non-child resistant trigger type ignition mechanism. The lighter was lost or discarded after the fire and was not available as a sample.

Second Product Identification

Manufacturer: [REDACTED]

Model: W4900

The respondent said that the couch was constructed with a leather exterior and foam filling. She said that the couch was purchased from Montgomery Ward approximately 3 months before the fire. She said that she purchased an exact replacement after the fire. She said that the product identification information listed above was obtained from the replacement couch. The said that literature provided with the replacement couch stated that the couch complied with the California furniture flammability standard.

Standards Information

Information concerning compliance with standards was not available for the lighter. The literature stated that the couch complied with the California furniture standard according to the respondent.

Attachments

- Exhibit # 1: CPSC Data Sheet
- Exhibit # 2: Fire Report
- Exhibit # 3: Fire Investigation Report
- Exhibit # 4: Medical Records
- Exhibit # 5: Photos

OR
X W
JPD
ACCIDENT INVESTIGATION REQUEST FORM

DOCUMENT NUMBER: *H96B0081A*
DATE OF INCIDENT: *1/4/94* CATID: CARM07 1997
FOLLOW-UP REQUESTED HAZARD ANALYSIS () CRM (X)
TYPE FOLLOW-UP TELEPHONE () ON-SITE (X)
HEADQUARTERS CONTACT: Michael Bogumill 504-0400 x1368
Backup: Bob Poth 504-0400 x1375

ASSIGNMENT MESSAGE: For any child playing with fire involving a cigarette lighter. Determine the model and manufacturer's name, type of lighter (refillable/disposable and fluid/butane), operating mechanism, age of child who operated the lighter, and accident scenario. Describe operating mechanism in detail and collect lighter, if possible. Be especially alert to incidents involving child-resistant lighters which have had the child-resistant mechanism removed or otherwise, defeated. In such a situation, identify to retailer where purchased if the lighter was already defeated when purchased by the consumer.

The new regulation requiring disposable butane lighters and all novelty lighters to be child-resistant went into effect in July 1994.

*** ATTENTION ***

FOR MATTRESS IGNITION: Complete Data Record Sheet for Mattress/Bedding Fires

FOR UPHOLSTERED FURNITURE: Complete Data Record Sheet for Upholstered Furniture.

Person(s) to Contact: *[Redacted] (Name)*
Officials

Guidelines: Appendix 45

Task Number:

Date: *11/18/96*

961115 CCC 5053
Assigned to: *SFOO*

Requested by:

CONSUMER PRODUCT INCIDENT REPORT

Region: WESTERN

1. NAME OF RESPONDENT *CEPH*
2. PHONE NO. (HOME) *Mike B.* (WORK)
3. STREET ADDRESS
4. CITY Washougal STATE ZIP CODE WA 98671

5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES
There was \$300,000 worth of fire damage to house and contents due to fire caused by disposable lighter.

3-year-old daughter climbed up 5' high fireplace mantle, removed lighter, flicked lighter (unknown how) and ignited leather sofa in living room.
-cont-

6. DATE OF INCIDENTS 1/4/96
7. IF INJURY OR NEAR MISS OBTAIN AGE/SEX 3 M/M AND DESCRIBE INJURY: 1st & 2nd degree burns to head
8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME RELATIONSHIP SON
9. DESCRIPTION OF PRODUCT non-child-resistant disposable lighter
10. BRAND NAME Scripto

11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE Scripto unknown unknown unknown unknown
12. MODEL, SERIAL NUMBERS M# unknown, color: red, fixed-flame
13. DEALER'S NAME, ADDRESS & PHONE Coast-to-Coast Hardware Store 4th Ave. Camas, WA 98607 360-834-2663
NOV 14 1996

14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES x NO IF YES, BEFORE OR AFTER THE INCIDENT? after DESCRIBE: damaged: most of the lighter was melted
15. PRODUCT PURCHASED NEW x USED DATE PURCHASED 10/95 AGE 3 mos.
16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: unknown

17. HAVE YOU CONTACTED THE MANUFACTURER? YES NO x IF NOT, DO YOU PLAN TO CONTACT THEM? YES x NO OTHER?
18. IS THE PRODUCT STILL AVAILABLE? YES NO x IF NOT, ITS DISPOSITION consumer thinks fire dept. lost it
19. MAY WE USE YOUR NAME WITH THIS REPORT? YES x NO

FOR ADMINISTRATION USE
20. DATE RECEIVED 11/12/96
21. RECEIVED BY (NAME & OFFICE) ldm/HL
22. DOCUMENT NO. H96B0081A
23. FOLLOW-UP ACTION *941115 CCC 5055*
24. PRODUCT CODE(S) 1604
25. DISTRIBUTION
26. ENDORSEER'S NAME & TITLE CTW 11/12/1996

CONSUMER PRODUCT INCIDENT REPORT

H96B0081A

Narrative Continued

Baby-sitter was in family room feeding son when she saw smoke coming into family room. Baby-sitter saw smoke and flames coming from sofa, got son and daughter and evacuated house from the patio door at back of house. Consumer said the oxygen from opening door intensified fire and baby-sitter felt intense heat at the top of her body. Son received 1st and 2nd degree burns to his head and baby-sitter (she was holding son in her left arm) received 1st, 2nd and 3rd degree burns to her head and left arm. Daughter was uninjured. Glass patio door shattered behind them. Local fire department extinguished fire. Son and baby-sitter received burn treatment at Emanuel Hospital, Portland, OR. Son was released and baby-sitter was admitted for 24-hours. Son recovered within 3-4 weeks without scars and baby-sitter recovered within 2 months with scars. Most of the lighter was burned after incident. House was completely rebuilt on 7/30/96.

Vict #	Sex	Age	Name	Relationship
2	F	70	Y Laura Saari	baby-sitter

Vict #	Victim Injury Description
2	1st, 2nd & 3rd degree burns to head & left arm

CPSC Source: BBB



INVESTIGATION GUIDELINE

Attachment A

DATA RECORDING SHEET FOR UPHOLSTERED FURNITURE FIRES (To be attached to CPSC Form 182, Epidemiologic Investigation Report along with a copy of the Fire Incident Report)

Task Number 961115CCC5055 Incident Date 01-04-96

A. PRODUCT DESCRIPTION: ☒ Sofa/Couch ☐ Chair ☐ Sofa bed ☐ Other _____

1. Was upholstered furniture slipcovered? ☐ Yes ☒ No ☐ Unknown

2. Had it been reupholstered? ☐ Yes ☒ No ☐ Unknown

3. Manufacturer/Distributor/Brand _____

4. Purchased: ☒ New ☐ Used ☐ Unknown

If used, specify how obtained (e.g., garage sale, etc.) _____

5. Date Furniture Purchased: 01/10/95 Furniture Age 3 MONTHS PRICE: \$1200

6. Standard Certification Labeling; e.g., UFAC or California standard: (Copy)

CALIFORNIA STANDARD

B. POINT OF FIRE IGNITION ON FURNITURE: Describe where fire started on upholstered furniture.

☐ Skirt ☐ Seat cushion ☐ Inside back ☐ Inside arm

☐ Back ☒ Side ☐ Underside ☐ Crevice

☐ Welt Cord ☐ Tuft ☐ Other _____

C. AGE (IN YEARS) OF PERSON INVOLVED IN IGNITION (if appropriate): _____

☒ LT 5 yrs. old ☐ 5 - 14 ☐ 15 - 64 ☐ 65 +

D. PRODUCT INVOLVED AS HEAT SOURCE AND TYPE (Check):

☒ Lighter ☐ Match ☐ Candle ☐ Heater ☐ Fireplace

☐ Other (specify) _____

☐ Unknown



INVESTIGATION GUIDELINE

If lighter, specify type: ☐ Child-resistant ☒ Not child-resistant ☐ Unknown

If match, specify type: ☐ Book ☐ Box ☐ Unknown

If heater, specify fuel source and distance from furniture:

_____ Fuel source _____ Distance from furniture

E. DETECTION OF FIRE

7. Detector (smoke, heat, c.o., sprinkler) present?

☒ Yes ☐ No ☐ Unknown

If yes, specify type: SMOKE DETECTOR

8. Detector went off (alarmed)?

☒ Yes ☐ No ☐ Unknown

9. If no, do you know any reason why not; e.g., unpowered, fire too small, etc.?

10. About how soon was the fire discovered after it started? FEW MINUTES

F. VICTIM(S)

_____ Number of Deaths 2 Number of Injuries

G. Socio-Economic Data:

11. Education level of head of household:

☐ Less than high school ☐ High school ☒ Some College

12. Total household income:

☐ LT \$15,000 ☐ \$15,000 - \$34,999 ☒ \$35,000 +

13. Approximate home market value: \$110,000

☐ Rent ☒ Own

General Description: Provide general description, including all other relevant factors and information on the investigation form.

96115CCC5055

EXHIBIT # 2

CLARK COUNTY FIRE MARSHAL
Fire Investigation ReportClark County Community Development
Fire Prevention Bureau
P.O. Box 9810 Vancouver, Wa. 98668Case Number: 96003
F.D.: WGL Day: THURS Date: 1/4/96
Time: 13:30 Incid. Type: FIRE

Title: [REDACTED]	Address: [REDACTED]	City: WSHGL	Zip: 98671
Type: STRUCTURE			
P Use: SINGLE FAMILY	Class: R-3.	Const.: V-N	
R Age: 18	Protected: No	Size: 2000	Parcel #: NOT IN SIERRA
O			
P Mfg: [REDACTED]	Year: [REDACTED]	Model: [REDACTED]	
E Ser. #: [REDACTED]	Size: [REDACTED]	Parcel #: [REDACTED]	
R			
T Make: [REDACTED]	Model: [REDACTED]	Style: [REDACTED]	Year: [REDACTED]
Y Vin. #: [REDACTED]	Lic. #: [REDACTED]	State: [REDACTED]	Exp.: [REDACTED]
Other: [REDACTED]			
Est. \$ Loss - Principal: \$ 12,000		Contents: \$ 30,000	
Other: \$ 0		(See Supplemental Property sheets) Total: \$ 42,000	
Principal Interest: OWNER			
P Last: [REDACTED]	First: [REDACTED]	M.I.: L	DOB: 9/19/67
E Race: Cauc	Sex: [REDACTED]	Ht: [REDACTED]	Wt: [REDACTED] Hair: [REDACTED] Eyes: [REDACTED]
R Driver's Lic. #:	State: [REDACTED]	SSI #: [REDACTED]	
S Home Add: [REDACTED]	City: WSHGL	State: WA	Zip: 98671
O Home Phone #: [REDACTED]	Message #: ()	-	
N Employment: Self	Work Add: [REDACTED]		
City: [REDACTED]	State: [REDACTED]	Zip: [REDACTED]	Work Phone #: () -
Other: [REDACTED]			More ?:
Principal Interest: OCCUPANT			
P Last: [REDACTED]	First: [REDACTED]	M.I.: [REDACTED]	DOB: 8/11/25
E Race: Cauc	Sex: Female	Ht: [REDACTED]	Wt: [REDACTED] Hair: [REDACTED] Eyes: [REDACTED]
R Driver's Lic. #:	State: [REDACTED]	SSI #: [REDACTED]	
S Home Add: [REDACTED]	City: WSHGL	State: WA	Zip: 98671
O Home Phone #: [REDACTED]	Message #: ()	-	
N Employment: Retired	Work Add: [REDACTED]		
City: [REDACTED]	State: [REDACTED]	Zip: [REDACTED]	Work Phone #: () -
Other: [REDACTED]			More ?:
Principal Interest: [REDACTED]			
P Last: [REDACTED]	First: [REDACTED]	M.I.: M	DOB: 8/31/92
E Race: Cauc	Sex: Female	Ht: [REDACTED]	Wt: [REDACTED] Hair: [REDACTED] Eyes: [REDACTED]
R Driver's Lic. #:	State: [REDACTED]	SSI #: [REDACTED]	
S Home Add: SAME	City: [REDACTED]	State: [REDACTED]	Zip: [REDACTED]
O Home Phone #: () -	Message #: ()	-	
N Employment: [REDACTED]	Work Add: [REDACTED]		
City: [REDACTED]	State: [REDACTED]	Zip: [REDACTED]	Work Phone #: () -
Other: [REDACTED]			More ?:

CLARK COUNTY FIRE MARSHAL
Fire Investigation Report - Continuation

Case #: 96003	Title: CRAIG	Date: 1/4/96
I Company: FARMERS	Policy #:	Exp. Date:
N Agent: Francis Strobeck	Company: Farmers	Phone: (360) 834-3511
S Address: 605 NE 3rd	City: Camas	State: Wa Zip: 98607
U Adjuster:	Company:	Phone: () -
R Address:	City:	State: Zip:
A Investigator:	Company:	Phone: () -
N Address:	City:	State: Zip:
C Coverage:	Other Insurance:	
E Policy Amounts Structure:	Contents:	Other:

INVESTIGATIVE CONCLUSION

Firer originated in the living room near/at a couch, started from a juvenile playing with a butane fireplace lighter.

There was extensive damage to the structure and contents.

Two occupants were transported to the hospital with minor injuries.

Origin: LIVINGROOM	Cause: LIGHTER	Fuel: COUCH
Notification On Scene Cleared Date: 1/4/96 Time: 13:30 By: CRCA Time: 13:55 Date: 1/4/96 Time: 17:10 Lead: MEDITZ Assist: NO Other: NO Photos: YES Video: NO Evidence: NO Other: NO		
A FD Officer: MEHREZ	Dept: Wshgl	ID #: 1902
D PD Officer: No	Dept:	ID #:
M Other Agency: No	Officer:	ID #:
Signature: <i>MEHREZ</i> ID #: 1902 Date: 6/11/96		
Reviewed / Approved: <i>W. L. L...</i> ID #: 1901 Date: 6/13/96		
O Distribution	FD: 05462 CCSO:	Pros.:
F Other:		
I Class: INCENDIARY- JV	Disposition: CLOSED	By: JV
C First Review: 6/13/96	Last Review:	Next Review: ADT
E Posted Date:	By:	

OFFICE OF THE CLARK COUNTY FIRE MARSHAL
FIRE INVESTIGATION REPORT

COMFY CASE NO: 96003

DATE OF INCIDENT: 1/4/96

PAGE 1 of 2

CONCLUSION:

Fire originated in the living room near/at a couch, started from a juvenile playing with a butane fireplace lighter.

There was extensive damage to the structure and contents.

Two occupants were taken to the hospital with minor injuries.

NARRATIVE:

On January 4, 1996 at 13:30 hours, I was dispatched to a structure fire at [REDACTED] Washougal, Washington.

When I arrived at 1355 hours, the fire was in the overhaul / mop-up stages. I spoke with Washougal Fire Captain Sarri, who told me that he was told by the occupant the fire originated on the couch. He told me that when they arrived on scene this is also where the fire appeared to be the heaviest.

Capt. Sarri told me he was told by the occupant, [REDACTED] DOB 8/11/25, who was baby-sitting at the time, that the fire was probably started by her granddaughter, from a lighter used for the fire place.

When I was able to enter the structure, I noted that the most fire damage was in the area of a couch in the living room. The ceiling above the couch had been penetrated and there was more low burn in this area compared to the rest of the room.

Burn patterns on the couch led me to an area near center of the couch where the lowest burn and deepest char occurred. Excavation of this point uncovered a butane device similar to a [REDACTED] type lighter of the type used to light fireplaces or B-B-Q's.

OFFICE OF THE CLARK COUNTY FIRE MARSHAL
FIRE INVESTIGATION REPORT

96115CCC5055
EXHIBIT # 3

COMFY CASE NO: 96003

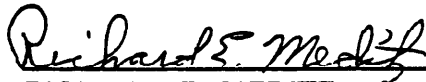
DATE OF INCIDENT: 1/4/96

PAGE 2 of 2

I was unable to interview [REDACTED] (the babysitter), or the juvenile, [REDACTED]
[REDACTED] DOB 8/31/92. Both had been transported to the hospital.

Examination of the remainder of the structure showed heavy fire, smoke and heat damage. The fire had penetrated the roof, and caused heavy damage to the attic area and trusses. Ventilation openings were also cut in the roof.

The scene was photographed and I cleared at 1710 hours.


RICHARD E. MEDITZ
DEPUTY FIRE MARSHAL

REM:TL(H:\96FRPTS\96003.DOC)

LEGACY HEALTH SYSTEM
EMANUEL HOSPITAL AND HEALTH CENTER
2801 N. GANTENBEIN AVENUE
PORTLAND, OREGON 97227

96115CCC5053
EXHIBIT # 4A

HISTORY AND PHYSICAL

[REDACTED]
77-21-98
4405 01
DOB: 08/11/1925
ADM: 01/04/96

ATTENDING
PHYSICIAN: JOSEPH F. PULITO, M.D.

ADMISSION DIAGNOSIS: Facial burns

HISTORY OF PRESENT ILLNESS:

The patient is a 70-year-old female who was involved in a house fire earlier this morning. The patient suffered minimal burns and was evaluated in the emergency department. On presentation the patient complains of a sore throat with some hoarseness. The patient also complains of facial burning and burning of the right forearm.

PAST MEDICAL HISTORY:

Positive for hypertension. The patient denies any significant surgical history. The patient lists ALLERGIES TO CODEINE, ASPIRIN, TOLECTIN.

PHYSICAL EXAMINATION:

Well developed, well nourished female in no acute distress. HEENT reveals erythematous changes of the forehead, cheeks. There is singeing of the facial hair and the hair of the head. The lips are somewhat chapped and the tongue is very erythematous. On listening to the patient she is moderately hoarse. Her lungs are clear. Cardiovascular: regular rate and rhythm. Abdomen is soft, nontender. Findings of the extremities reveal them to be superficial partial thickness burns to the left forearm. There is also some splotchy superficial burns of the upper back.

While in the emergency department the patient had a blood gas drawn for methemoglobin and carboxyhemoglobin and both of these returned 0.3%. Due to the patient's hoarseness and potential for inhalation injury the patient is being admitted for observation and racemic epinephrine nebulizer treatments. Dr. Pulito is the staff and concurs with the plan.


JAMES BURKE, M.D.

JB /va /STAT
D: 01/04/96
T: 01/04/96 3:18 P
Job#: 9370
cc: JOSEPH F. PULITO, M.D.

EMANUEL HOSPITAL AND HEALTH CENTER

EMERGENCY ROOM REPORT

MR#: 106554/77-21-98

DATE: 1/4/96

ADMITTED TO BED:

ATTENDING PHYSICIAN: JOSEPH PULITO, M.D.

ER PHYSICIAN: J. JEFFREY CAMPBELL, M.D.

CHIEF COMPLAINT: Face, back, and right arm burns.

HISTORY OF PRESENT ILLNESS: This is a 70-year-old woman who was baby sitting two young children, ages 3 years old and 3 months. The patient was caught in a house fire and had to rescue these two children. Apparently, the patient heard a smoke alarm and shortly thereafter noticed some smoke coming from one of the rooms of the house. The patient called the fire department and then carried both the children from the house. The patient did inhale smoke and her hair and eyebrows were singed by the heat.

REVIEW OF SYSTEMS: The review of systems is positive for hoarseness.

PAST MEDICAL HISTORY: Past medical history is significant for severe hypertension and arthritis. The patient is allergic to Tolactin, codeine, and aspirin. The patient's medications include Verapamil, clonidine, and hydrochlorthiazide.

FAMILY HISTORY: The family history is noncontributory.

SOCIAL HISTORY: The social history is noncontributory.

PHYSICAL EXAMINATION: The patient is lying comfortably in the emergency department gurney. The patient's vital signs were blood pressure of 140/100. Pulse of 130. Respirations of 24. Oxygen saturations equal 98%. Head, eyes, ears, nose, and throat: The patient appeared to have partial thickness burns. No blistering of the skin was apparent. Both eyebrows and eyelashes and hair were singed. Oropharynx was notable for erythema as well as soot covering the soft palate. Voice was noticeably hoarse. No jugular venous distention was appreciated. Back and right arm also appeared to have partial thickness burns with no blistering of the skin. Cardiovascular: Heart was regular rate and rhythm with no murmurs appreciated. Respiratory examination: Lungs were clear to auscultation except for some slight crackles at both bases.

MEDICAL DECISION MAKING: The patient was discussed with and examined by Dr. Campbell, emergency department physician. The patient was seen in concert with burn resident and Dr. Pulito, the attending burn surgeon. Given the patient's history of smoke inhalation, an arterial blood gas was obtained which revealed

EMANUEL HOSPITAL AND HEALTH CENTER

EMERGENCY ROOM REPORT

MR#: 106554/77-21-98

DATE: 1/4/96

ADMITTED TO BED:

ATTENDING PHYSICIAN: JOSEPH PULITO, M.D.

ER PHYSICIAN: J. JEFFREY CAMPBELL, M.D.

carboxyhemoglobin level of 0.3%. Given the patient's hoarseness and again her history of smoke inhalation, it was decided to admit the patient onto the burn service under the care of Dr. Pulito.

DIAGNOSIS (OR IMPRESSION):

1. Facial burns, back burns, and right forearm burns.
2. Smoke inhalation.

COORDINATING CARE AND CONSULTATIONS:

1. As described above. The patient was admitted to the burn service for observation and humidified oxygen and racemic epinephrine therapy.

DD: 1/7/96 (JOB 0107)
DT: 1/10/96/SecrePhone/20

Dictated by:
JOHN J. MCDERMOTT M.D., RESIDENT

Physician: PULITO, JOSEPH F
Admitted: 01/04/96 Emanuel H&HC
Discharged: 01/05/96 INPATIENT
Printed: 01/10/96 0153 Page: 1

Legacy Laboratory Services



Emanuel Hospital & Health Center
Portland, Oregon 97227 (503)413-4073

961150005055 EXHIBIT #47

Patient: [REDACTED]
Med Nbr: (00010)77-21-98 Acct: 000-3213679
Sex: FEMALE Age: 70 YRS DOB: 11AUG25
Location: FINAL REPORT

BLOOD GASES

COLLECTION DATE: 04JAN96
WEEKDAY: THU
COLLECTION TIME: 1221

SPECIMEN TYPE	ARTERIAL	Reference	Units
pH	7.40	(7.35-7.45)	
PCO2	39	(34-46)	mmHg
PO2	123 H	(75-85)	mmHg
HCO3	24	(22-26)	mmol/l
O2 SATURATION	98	(94-99)	%
BASE EXCESS	0.1	(-3.0-3.0)	mmol/l
CARBOXY HGB	0.3 L#	(0.5-1.5)	%

04JAN96 1221 CARBOXY HGB CORRECTED FROM 1.4 ON 09JAN96 AT 1001 BY ERT608

Footnotes:
L = Low, H = High, # = Footnote

All tests performed at Emanuel H&HC unless otherwise specified.

*** END OF CHART ***

Patient: (00010)77-21-98

Location: 4405 01

BLOOD GASES



Kaiser Foundation Health Plan of the Northwest • Kaiser Foundation Hospitals

Authorization to Release Medical Information to Kaiser Permanente

961115 CCC 5055 EXHIBIT # 4A
772198

PATIENT	
NICKNAME / MAIDEN NAME / OTHER	SOCIAL SECURITY
HEALTH RECORD NO. 4071-0235 Ed	
DATE OF BIRTH: (MO/DAY/YR) 8-11-25	PHONE NUMBER
STREET OR BOX NUMBER	
CITY	STATE WA ZIP 98671

I authorize Emmanuel Hosp. to release the following information for the purpose of continuing health care.
NAME OF CLINICIAN, CLINIC OR HOSPITAL

☐ All pertinent medical records.

☐ X-ray films (describe):

☒ Specific information as indicated: Re: all related records for Burns Victim on 1-04-96

Please send my medical information to:

Kaiser Permanente, Northwest Region
c/o Medical Record File Services

☐ 1230 7th Ave., Longview, WA 98632

☐ 5125 Skyline Road South, Salem, OR 97306

☒ 12607 S.E. Mill Plain Blvd., Vancouver, WA 98684

☐ 10220 S.E. Sunnyside Rd., Clackamas, OR 97015

(If not indicated, please send to the Sunnyside address.)

Please send my x-ray films to:

Kaiser Permanente, Northwest Region
c/o Radiology Records

Attention: Dr. _____

10220 S.E. Sunnyside Rd.
Clackamas, OR 97015

or

c/o Radiology Department

Clinic: _____

Address: _____

City, State, Zip: _____

X 11-20-96
DATE

X [Signature]
SIGNATURE

X _____
SIGNATURE OF PARENT OR LEGAL GUARDIAN IF APPLICABLE

I recognize that the information released may contain drug/alcohol information that is protected by federal and state law. I specifically consent to its release.

X DNA
SIGNATURE

X _____
DATE

I recognize that the information released may contain information regarding sexually transmitted diseases, HIV/AIDS testing, treatment, or high risk behavior. I specifically consent to its release.

X DNA
SIGNATURE

X _____
DATE

I recognize that the information released may contain mental health information. I specifically consent to its release.

NOV 21 1996
X DNA
SIGNATURE

X _____
DATE

My consent may be revoked at any time. The only exception is when the action has already occurred as instructed in the consent. In Oregon, unless revoked earlier, this consent will expire in 4 months from the date of signing or shall remain in effect for the period reasonably needed to complete the request. In Washington, this consent will expire in 90 days.

* This form is intended to comply with the requirements of 42.CFR 2.31 which restricts the disclosure of information relating to alcohol or drug abuse treatment unless authorized by the patient and with ORS 423.045 (3) & OAR 33312 270. Consent to HIV Test required.



KAISER PERMANENTE

Kaiser Foundation Health Plan of the Northwest
Kaiser Foundation Hospitals

961115CCC5055

EXHIBIT #4B

Kaiser Foundation Health Plan
Kaiser Foundation Hospitals

HR#: 8178-88-30

OUTPATIENT PROGRESS NOTES

DOB: 09/29/95

SEX: M

ENCOUNTER DATE: 01/08/96 10:01 AM

CLINICIAN

Ronald S. Sklar, M.D.
Northwest Region

DEPT

VNC-PEDS

PT CATEGORY

Health Plan member -

Reason For Visit and Comments:

Burn - forehead

Problem List As Of Date: 1/8/96
(None)

Visit Notes:

>> [REDACTED] 01/08/96 10:17 am
here with mother
360-835-5253 (home)
house fire 1/3/96
ck burn to forehead
using childrens motrin and polysporin oint
due for immunizations

Allergy Agents
NKA - NO KNOWN

Noted
11/9/95

Allergy Reaction

Date verified: 11/9/95

Vitals: Temp 97.0 | Wt 14 lbs 6 oz (6.53 kg)

Mon Jan 8, 1996 10:17 AM

Progress Notes:

first and sec degree burn over anterior scalp from house fire on
Thursday. no other burns . House totaled

alert, active

HEENT:-

Neck: supple



Kaiser Foundation Health Plan of the Northwest
Kaiser Foundation Hospitals

96115CCC505J
EXHIBIT #4B

[REDACTED] HR#: 8178-88-30 DOB: 09/29/95 (14 wks) Sex: M

Chest: Clear

CV: RRR no murmurs

Abd: Soft not tender, no masses Ext: No deformities

Neuro: good bulk, tone, reflexes.

5 x 5 cm burn

2nd deg on scalp

a: burn

P: local care
rtc 1-2 wks

Ronald S. Sklar, M.D.

Mon Jan 8, 1996 10:33 AM

Visit Diagnosis: BURN- SECOND DEGREE [949.2]

DISPOSITION: Return Visit PRN, if symptoms worsen or fail to improve.

Level of Service: 99212003 MD EST 2 PROB FOC HX/EXAM ST FWRD DEC

*** End of Report ***

Legacy Emanuel Hospital & Health Center



2801 N. GANTENBEIN AVE • PORTLAND, OR 97227-9982
(503) 413-2200

961115CCC5055 EXHIBIT #48

TAX ID NUMBER: 93-0386823

INT. MLJON	ACCT. NUMBER 32136830	ADM. DATE 1/04/96	TIME 11:53	SVC. ED	ROOM/BED -	P.T. E	F.C. 5500	DISCH. DATE 1/04/96	TIME 11:53	MED. REC. NO. 77-22-00	
PATIENT	PATIENT NAME AND ADDRESS [REDACTED] WASHOUGAL, WA 98671				SSN • PH • DOB • AGE 000-00-0000 9/29/95 003M SEX: M MS: S RACE: W		EMPLOYER CHILD 000-		WORK PHONE OCCUPATION		
	GUARANTOR NAME AND ADDRESS [REDACTED] WASHOUGAL, WA 98671				SSN • RELATION • PH 546-15-7803 MOTHER		EMPLOYER KAISER		WORK PHONE OCCUPATION		
GUARANTOR	SPOUSE OR PARENT [REDACTED]				RELATIONSHIP FATHER		PHONE [REDACTED]		WORK PHONE		
	RELATIVE OR FRIEND [REDACTED]				RELATIONSHIP		PHONE		WORK PHONE 000-		
EMER.	INSURANCE CO. 1500:KAISER CLAIMS AND REFERRALS STE# PORTLAND, OR 97232 SELF EMPLOYED 0000:				SUBSCRIBER NAME PRE AUTH#: NO/AMB POL#: 546157803 GRP. NAME: KAISER		RELATIONSHIP PRE AUTH DAYS: GRP. # 5003002 FATHER				
	0000:				PRE AUTH#:		PRE AUTH DAYS:				
	0000:				POL#:		GRP. # 000-00-000				
INSURANCE	0000:				PRE AUTH#:		PRE AUTH DAYS:				
	POL#:				GRP. NAME:		GRP. # 000-00-000				
	0000:				POL#:		GRP. # 000-00-000				
MEDICAL	DIAG. MAIL DODGE, RODNEY:W...				PHYSICIAN NAME		NO.				
	DIAG. NONE, PHYSICIAN...				PHYSICIAN NAME		NO.				
	NOTES: HEAD & FACIAL BURNS				FAMILY PHY: MISC		NO.				
	INJURY: HOUSE FIRE/BURNS 1/04/96 10:51				NON STAFF PHY:		NO.				
	PRV. ADM: CAMAS FIRE DATE: 000000 HP/MR#:				FAMILY PHY: MISC		NO.				
TUGHT BY: CAMAS FIRE 1. 2. 3. 4. 5. 6. Y				VALUB:		AD:		PUB:		VIP:	
AL DIAGNOSIS				RELIG: UNK		CODE NO.					
COMPLICATIONS											
OPERATIONS AND/OR SPECIAL PROCEDURES											

MEDICAL RECORDS AS AN AB FC PHYSICIAN'S SIGNATURE: DATE: TIME: I CERTIFY THAT THE NARRATIVE DESCRIPTIONS OF THE PRINCIPAL AND SECONDARY DIAGNOSIS AND THE MAJOR PROCEDURES

EMANUEL HOSPITAL AND HEALTH CENTER

EMERGENCY ROOM REPORT

MR#: 106553/77-23-32

DATE: 1/4/96

ATTENDING PHYSICIAN: KAISER

ER PHYSICIAN: [REDACTED]

CHIEF COMPLAINT: Facial burns.

HISTORY OF PRESENT ILLNESS: The patient is a 4-month-old white male who presents to the Emergency Department for evaluation of facial burns. Apparently there was a house fire, the grandmother grabbed the child and ran through the flames in order to escape the fire. During that time, he received some burns to his face. There was a lot of smoke in the area and the paramedics were concerned about possible inhalation. The child was crying and brought to the hospital but was given a bottle and was observed to feed normally.

REVIEW OF SYSTEMS: Grandmother denies the child has had any recent illness, no difficulty breathing. There were facial burns, no other apparent injury. All other systems were negative.

PAST MEDICAL HISTORY: Unremarkable. Grandmother believes that patient was up to date on his immunizations.

FAMILY HISTORY: Noncontributory.

SOCIAL HISTORY: Noncontributory.

PHYSICAL EXAMINATION: The child was awake, crying but consolable. Vital signs showed a pulse of a 140, respirations 32 and unlabored. HEENT: There were facial burns which were partial thickness and superficial in the forehead extending onto the scalp. There were a few areas on each cheek. There was a small amount of blistering over the mid forehead. Tympanic membranes were clear. Sclera were clear. There was no carbon in the nose. Oropharynx was clear without soot or carbon. Neck was supple. Breath sounds were clear throughout. Cardiovascular: Regular. Abdomen is soft, nontender. Extremities were without burns. There was no edema. The child had good motor tone and was moving all four.

MEDICAL DECISION MAKING: The patient is brought to the Emergency Department for evaluation of facial burns after being involved in a house fire. Because there was a lot of smoke in an enclosed space, carbon monoxide level was obtained which was in the normal range at 1.4. The child had breath sounds and was breathing normally. The patient was evaluated by the Burn Service. The

EMANUEL HOSPITAL AND HEALTH CENTER

EMERGENCY ROOM REPORT

MR#: 106553/77-23-32
DATE: 1/4/96

ATTENDING PHYSICIAN:

ER PHYSICIAN: RODNEY DODGE, M.D.

burns were all superficial with skin intact. Total body surface was approximately 3%.

DIAGNOSIS (OR IMPRESSION):

1. Partial thickness burns to the face and scalp.

COORDINATING CARE AND CONSULTATIONS:

1. The parents were advised to watch for signs of infection. They were given wound care instructions, Neosporin was applied to the wounds. They were evaluated by the Burn Service and they were advised to contact their Kaiser physician for referral to Burn Service.

THIS REPORT HAS BEEN COMPUTER-AUTHENTICATED BY
RODNEY W. DODGE, M.D.

DD: 1/4/96 (JOB 9358)
DT: 1/5/96/SecrePhone/03

EMERGENCY PHYSICIAN